Sec. 151-1123 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. For the year 2009, the statement is due July 1, 2009. Thereafter, the statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

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ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY a. Your Name: PAUL CBATEMAN JR 1. b. Your Residence: Indplo Ind c. Your Business Address: a. Did You Receive Compensation From Any Employers in the Prior Year? 2. YES _ NO / If Yes, the Name and Address of all Such Employers Employer's Name:_____ Employer's Address: [IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS] b. Were You Self-Employed? YES _ NO \checkmark If Yes, the Nature of Such Business and the Name Under Which Conducted:

	Nature of the Business:	
	a. During the Prior Calendar Year, Did Your Spouse Receive Compensation in excess of \$5000.00 from an Employer?	
	If Yes, the Name and Address of Such Employer	
	Employer's Name:	
	Employer's Address:	
	[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS	
	b. During the Prior Calendar Year, Did Any of Your Dependant Children Receive Compensation in Excess of \$5000.00 from an Employer?	
-	If Yes, the Name and Address of Such Employer	
	Name of Dependant Child	
ŀ	Employer's Name	
E	Employer's Address	

•	Did You, Your Spouse or any of Your Dependant Children Either (i) Serve as an Officer of, (ii) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or (iii) Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$5000.00 During the Past Year, from Any Business that did Business with or Solicited Business with the City or County?		
	YES NO		
	If Yes, the Name and Addresses of Such Business Entities		
	Entity's Name:		
	Entity's Address:		
	[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]		
	Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or YES NO		
	If Yes, The Name and Address of such Organization or Organizations:		
1	Person Serving: Councillor: Spouse Dependant Child		
	Name of Organization:		
	Address of Organization:		
-			
	F YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER RGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONS IN OTHER		

6.	Except for Campaign Donations, Subject to IC 3-9-2 and Reported in Accordance with Law or Gifts from Persons Including Family Members with whom you have an On-Going Social Relationship not Related to Service on the Council Which are not Subject to Reporting on this form, did you Receive any Gifts, or Other Items, Valued Over \$100, or in the Aggregate over \$250, in the Prior Year From Any Person or Firm that does Business with or Seeks to do Business with the City or County or which YESNO
	If Yes, List the Names of Such Persons or Firms: COLTS TICKES FROM HUNT CONSTRUCTION UGINE AT
7.	I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.
	If the Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the Additional Information. Are You Attaching Additional Sheets? If Yes, How May Additional Sheets are Attached?
190	IRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE AND ACCURATE TO THE BEST OF MY KNOWLEDGE
COUN	CILLOR DATE
SIGN T	DATE AND DETERMINE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

ADDITIONAL SHEET OF
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:

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	ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY
1.	a. YOUR NAME VERNON A. Brown
	6. YOUR RESIDENCE 11817 Brocker Way Inspl. In. 46229
	c. YOUR BUSINESS ADDRESS
2.	a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR? YES X NO
IF YE	S, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS
	OYER'S NAME
EMPL T	OYER'S ADDRESS 555 N NEW JELEY 5T
	[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. WERE YOU SELF-EMPLOYED? YES NO X
IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:
NATURE OF THE BUSINESS
NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED
3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES XNO
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER
EMPLOYER'S NAME
EMPLOYER'S ADDRESS
[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]
b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES NO
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER
NAME OF DEPENDANT CHILD
EMPLOYER'S NAME
EMPLOYER'S ADDRESS

(1) SERVE AS AN OFFICER OF,				
(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS				
(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION IN AGGREGATE IN				
IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES $_$ NO \swarrow				
IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES				
ENTITY'S NAME NOT TO MY KNOWLEDGE				
ENTITY'S ADDRESS				
[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT				
MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]				
5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER				
OR BUARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR ADDITION				
FOR FUNDING FROM THE CITY OR COUNTY? YES NO X				
IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR				
ORGANIZATIONS:				
PERSON SERVING:				
COUNCILLOR SPOUSE DEPENDANT CHILD				
NAME OF ORGANIZATION NOT TO MY KNOWLEDS:				
ADDRESS OF ORGANIZATION				
IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER				

ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER

ACCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO REPORTING ON THIS FORM, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR WHICH SEEKS TO INFLUENCE COUNCIL ACTION? YESNO		
IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS		
7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.		
IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES NO IF YES, HOW MAY ADDITIONAL SHEETS ARE ATTACHED?		
I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.		

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

ADDITIONAL SHEET OF
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:

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1.	a. YOUR NAME Vicginia J. Cain
* •	a. Tourisane Mighta J. Car
	b. YOUR RESIDENCE 9101 Anchor Mark Drive Judy 46236
	c. YOUR BUSINESS ADDRESS
2.	a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THI PRIOR YEAR? YES NO X
IF YE	ES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS
EMPI	LOYER'S NAME
EMPI	LOYER'S ADDRESS

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. WERE YOU SELF-EMPLOYED? YES NO			
IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:			
NATURE OF THE BUSINESS			
NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED			
3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES NO			
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER			
EMPLOYER'S NAME Teleflex Medical			
EMPLOYER'S ADDRESS 2917 Weck Drive, P.O. Box 12600 Research Triangle Park, N.C. 27709			
[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]			
b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES NO			
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER			
NAME OF DEPENDANT CHILD			
EMPLOYER'S NAME			
EMPLOYER'S ADDRESS			

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPEND. (1) SERVE AS AN OFFICER OF, (2) OWN AN EQUITY INTEREST OR INTEREST IN T THAT INDIVIDUALLY OR IN THE AGGREGATE EXC (3) DIRECTLY OR INDIRECTLY RECEIVE COMPENS EXCESS OF \$5000.00 DURING THE PAST YEAR, FRO	THE EARNINGS OR PROFITS CEEDS 10%, IN, OR
IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OF WITH THE CITY OR COUNTY? YES NO	R SOLICITED BUSINESS
IF YES, THE NAME AND ADDRESSES OF SUCH BUSINES ENTITY'S NAME (Wishard Hospital) ENTITY'S ADDRESS	Teleflex Medical Agi7 Week Dr., P.O. Box 12600 Research Triangle Park, n.C.
[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD O MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]	
5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILI OR BOARD MEMBER OF ANY ORGANIZATION THAT RI FOR FUNDING FROM THE CITY OR COUNTY? YES X	FCFIVED OD ADDITIED
IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATIONS: Theartland: Truly moving Pictures and s. Meridian St. St. 220 PERSON SERVING: They 46225	(2. N 11. 11. 01 m)
COUNCILLOR SPOUSE DEPENDANT CHILD 3 Todis casolis Dovotom, Jo	nc.
ADDRESS OF ORGANIZATION 3 Wheeler Mission Min	istries
IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POS	SITIONS IN OTHER

ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO REPORTING ON THIS FORM, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR WHICH SEEKS TO INFLUENCE COUNCIL ACTION? YES X NO
IF VEC 1 IST THE NAMES OF SHOUNDEDGONS OF THE
IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS
Indianapolis Motor Speedway At ++
TDI
7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.
IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL
SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE
YOU ATTACHING ADDITIONAL SHEETS? YES NO
IF YES, HOW MAY ADDITIONAL SHEETS ARE ATTACHED?
I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE
AND ACCURATE TO THE BEST OF MY KNOWLEDGE.
Dugmia Cain 1/19/10 COUNCILLOR DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

ADDITIONAL SHEET OF
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:

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ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1.	a. YOUR NAME JEFFERY L. CARDWELL
	b. YOUR RESIDENCE 7613 Huddleston DR.E., INDIANABOU'S, IN 46217
	c. YOUR BUSINESS ADDRESS 3205 MADISON AVENUE, INDIANAPOLIS, IN 46227
2.	a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR? YES V NO
IF Y	ES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS
EMP	PLOYER'S NAME See Attached
ЕМР	PLOYER'S ADDRESS

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. WERE YOU SELF-EMPLOYED? YES $\sqrt{\text{NO}}$
IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:
NATURE OF THE BUSINESS SEE AHACHED
NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED
3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YESNO ✓
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER
EMPLOYER'S NAME
EMPLOYER'S ADDRESS
[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]
b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES NO
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER
NAME OF DEPENDANT CHILD
EMPLOYER'S NAME
EMPLOYER'S ADDRESS

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER (1) SERVE AS AN OFFICER OF,
(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR (3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM
IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES \checkmark NO
IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES
ENTITY'S NAME CARDWELL DO-it Best Home Center
ENTITY'S ADDRESS 3205 MADISON AVENUE TUDIANAPOU'S, TN 46227-1127
[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]
5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY? YESNO
IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:
PERSON SERVING:
COUNCILLOR SPOUSE DEPENDANT CHILD
NAME OF ORGANIZATION See attached
ADDRESS OF ORGANIZATION
IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO REPORTING ON THIS FORM, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR WHICH SEEKS TO INFLUENCE COUNCIL ACTION? YES \(\subseteq \text{NO} \)__

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

INDIANAPOLIS MOTOR SPEEDWAY	INDIANAPOU'S AIDEPORT ANTHORITY
IUDIANA PACERS	JUDIANARU'S CONCENTION &
INDIANAPOLIS POWER & Light	- VISTOR'S ASSOCIATION (ICIA)

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES NO_ IF YES, HOW MAY ADDITIONAL SHEETS ARE ATTACHED?

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

COUNCE/LOR DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

From the Office of Jeffery L. Cardwell, City-County Councillor 3205 Madison Avenue • Indianapolis, IN 46227 • (317) 781-4769

<u>Indianapolis City-County Council Ethics Disclosure Statement – Continued</u>

Question 2 a. Did you receive compensation from any employers in the prior year?

Answer: YES

If Yes, the name and address of all such employers:

Associated Materials, Inc. d/b/a Cardwell Do-it Best Home Center 3205 Madison Avenue Indianapolis, IN 46227-1127

Cardwell, REALTORS 3205 Madison Avenue Indianapolis, IN 46227-1127

Madison Capital, LLC 3205 Madison Avenue Indianapolis, IN 46227-1127

J. M. Holdings, LLC 3205 Madison Avenue Indianapolis, IN 46227-1127 City of Indianapolis – The Council City County Building, Room T241 200 E. Washington Street Indianapolis, IN 46203

Huddleston Professional Centre, Inc. 3205 Madison Avenue Indianapolis, IN 46227-1127

J.C. Madison, LLC 3205 Madison Avenue Indianapolis, IN 46227-1127

Question 2 b. Were you Self-Employed?

Answer: YES

Associated Materials, Inc. d/b/a Cardwell Do-it Best Home Center

General Retail Hardware Store, Tool Rental and Building Material Supplier

Cardwell, REALTORS

Residential & Commercial Real Estate Broker

Huddleston Professional Centre, Inc.

Property Management/Investment / Leasing Broker

Madison Capital, LLC

Commercial Property Management/Investment

J.C. Madison, LLC

Residential/Commercial Management/Investment

J.M. Holdings, LLC

Industrial Property Management/Investment

Question 5. Did you, your spouse, or any dependant child serve as an officer or board member of any organizations that received or applied for funding from the City or County?

Answer: YES Person Serving: Councillor

Gateway Business Alliance, Inc. d/b/a Gateway Community Alliance A registered not-for-profit organization 3205 Madison Avenue Indianapolis, IN 46227-1127 Indianapolis City Market Corporation A registered not-for-profit organization Volunteer Board Member 222 E. Market Street Indianapolis, IN 46204

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	ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY
1.	a. YOUR NAME BOB COCKRUM
	b. YOUR RESIDENCE 6004 W. RALSTON RP, IN 1919, IN 4672
	c. YOUR BUSINESS ADDRESS
2.	a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR? YES NO X
IF Y	ES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS
EMI	PLOYER'S NAME
EMI	PLOYER'S ADDRESS

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER (1) SERVE AS AN OFFICER OF,
(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM
IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES X NO
IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES
ENTITY'S NAME CAPITAL IMPROVEMENT BOARD
ENTITY'S ADDRESS 100 S. CAPITOL AVE., INDIES, 46225
[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]
5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY? YESNO
IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:
PERSON SERVING:
COUNCILLOR SPOUSE DEPENDANT CHILD
NAME OF ORGANIZATION
ADDRESS OF ORGANIZATION
IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO REPORTING ON THIS FORM, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR WHICH SEEKS TO INFLUENCE COUNCIL ACTION? YES X NO
IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS
CAPITAL IMPROVEMENT BOARD - PAGER TICKETS OPPENHEIMER AND CO - SPEEDWAY GALA TICKETS
INDIAMAPONIS CONTS - CONTS TUCKETS
7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.
IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL
SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE
YOU ATTACHING ADDITIONAL SHEETS? YES X NO
F YES, HOW MAY ADDITIONAL SHEETS ARE ATTACHED?
AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.
Bole Corpsum 2-1-1010

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

DATE

COUNCILLOR

ADDITIONAL SHEET \bot of $\overline{2}$.
ADDITIONAL RESPONSE TO QUESTION 6
APPLICABLE TO: COUNCILLOR X CANDIDATE SPOUSE DEPENDANT CHILD CIB DINNER PERSON, ENTITY OR ORGANIZATION _ST. EL MO STEAK HOUSE
ADDRESS: 193 5, ILLINUIS ST, INDIANAPULIS
ADDITIONAL RESPONSE TO QUESTION
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR A CANDIDATE SPOUSE DEPENDANT CHILD LUNCHES PERSON, ENTITY OR ORGANIZATION MSD WAYNE TOWNSHIP
ADDRESS: 1200 N. GIBLS SCHUOL BUAR INDILE

ADDITIONAL SHEET 2 OF 3.
ADDITIONAL RESPONSE TO QUESTION 6
APPLICABLE TO: COUNCILLOR X CANDIDATE SPOUSE
COLTS TICKETS PERSON, ENTITY OR ORGANIZATION CAPITAL IMPROVEMENT BUAI
ADDRESS: 100 S. CAPITOL AVE., INDIAG
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR X CANDIDATE SPOUSE DEPENDANT CHILD LUNCH
PERSON, ENTITY OR ORGANIZATION THITANA NATIONAL GUASO
ADDRESS: STOUT FIELD, INDILG
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR X CANDIDATE SPOUSE SPOUSE
ERSON, ENTITY OR ORGANIZATION INPLANA PACERS
DDRESS: 125 5, PENNSYLVANIA GT, IHPPLS

INDIANAPOLIS CITY-COUNTY COUNCIL ETHICS DISCLOSURE STATEMENT ADDITIONAL SHEET 3 OF 3. ADDITIONAL RESPONSE TO QUESTION 6. APPLICABLE TO: COUNCILLOR X CANDIDATE SPOUSE DEPENDANT CHILD LUNCH AND RECEPTION PERSON, ENTITY OR ORGANIZATION FRENCH LICK MESCAT ADDITIONAL RESPONSE TO QUESTION 6. APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD BREAK FAST MEETING PERSON, ENTITY OR ORGANIZATION TADIANAPULIS AIRPURT AUTH,

ADDITIONAL RESPONSE TO QUESTION _____

APPLICABLE TO: COUNCILLOR ___ CANDIDATE ___ SPOUSE ___ DEPENDANT CHILD

ADDRESS: WEIR COOK TERMINAL

PERSON, ENTITY OR ORGANIZATION _____

ADDRESS:

Sec. 151-1123 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. For the year 2009, the statement is due July 1, 2009. Thereafter, the statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

	ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY
1.	a. YOUR NAME & Coleman
	b. YOUR RESIDENCE 4622 Whitrize (N 46237
	c. YOUR BUSINESS ADDRESS
2.	a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR? YES Y NO
IF YE	CS, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS
EMPI	LOYER'S NAME Forest Creek Village / American Som. Communities
EMPI	LOYER'S ADDRESS 525 F. Thompson RI Judpls, IN 46237
	[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED: NATURE OF THE BUSINESS
3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES Y NO
3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES <u>V</u> NO
COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES <u>V</u> NO
IF YES. THE NAME AND ADDRESS OF SUCH EMPLOYER
22 250, 1715 TABLESS OF SOCIETY ENTROPER
EMPLOYER'S NAME Indianapolis Public Schools
EMPLOYER'S ADDRESS
[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]
b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES NO $\underline{\hspace{0.1cm} \not\hspace{0.1cm} \hspace{0.1cm}}$
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER
NAME OF DEPENDANT CHILD
EMPLOYER'S NAME
EMPLOYER'S ADDRESS

4. DID Y	YOU,	YO	UR	SP	OUSF	OR	ANY	OF	YOUR	DEPE	ENDANT	CHII	DREN	EITHE	R
	(+ \ m -		-	~ .											

- (1) SERVE AS AN OFFICER OF,
- (2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
- (3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

ENTITY'S NAME									
	DDRESS								
	TR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT CLOSED ATTACH ADDITIONAL SHEETS]								
OR BOARD N	YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED								
FOR FUNDIN	G FROM THE CITY OR COUNTY? YES NOK								
	NAME AND ADDRESS OF SUCH ORGANIZATION OR								
IF YES, THE ORGANIZAT PERSON SER	NAME AND ADDRESS OF SUCH ORGANIZATION OR IONS:								

IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

ADDRESS OF ORGANIZATION _____

6. EXCEPT FOR CAMPAIGN DONAT	TONS , SUBJECT TO IC 3-9-2 AND REPORTED IN
	S FROM PERSONS INCLUDING FAMILY
	E AN ON-GOING SOCIAL RELATIONSHIP NOT
	UNCIL WHICH ARE NOT SUBJECT TO
REPORTING ON THIS FORM, DID Y	OU RECEIVE ANY GIFTS, OR OTHER ITEMS,
VALUED OVER \$100, OR IN THE AC	GGREGATE OVER \$250, IN THE PRIOR YEAR
	AT DOES BUSINESS WITH OR SEEKS TO DO
	UNTY OR WHICH SEEKS TO INFLUENCE
COUNCIL ACTION? YES	
IF YES, LIST THE NAMES OF SUCH	I PERSONS OR FIRMS
Indianapolis lave at light	
Indianapolis Paver at light Fidianapolis Motor Speeding	У
	ITEMS REPORTED IN ITEMS 1 THROUGH 4
	AR I WILL UPDATE SUCH INFORMATION
WITHIN 45 DAYS OF THE CHANGE).
TE TITLE OF A CO. TO CO. TO CO.	
IF THE SPACE PROVIDED ON THIS	FORM IS INADEQUATE, ADDITIONAL
	DE THE ADDITIONAL INFORMATION. ARE
YOU ATTACHING ADDITIONAL SH	
IF YES, HOW MAY ADDITIONAL SI	HEETS ARE ATTACHED?
I (PENDA INDED DEN ATERIA	
	PERJURY THAT MY STATEMENTS ARE TRUE
AND ACCURATE TO THE BEST OF M	AY KNOWLEDGE.
	2/1/1-
COUNCILLOR	2/1/10
COUNCILLOR	DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

ADDITIONAL SHEET OF
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:

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Failure to file this form in a timely manner may subject the councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

•	a. YOUR NAME	N Susie Day
	b. YOUR RESIDENC	CE _245 Churchman Ave, Beech Grove, IN 46107
	c. YOUR BUSINESS Indiana	ADDRESS10 N Senate Ave, SE 311apolis, IN 46204
	a. DID YOU RECEIV PRIOR YEAR? YES	TE COMPENSATION FROM ANY EMPLOYERS IN THIS X_ NO
Y	ES, THE NAME AND A	ADDRESS OF ALL SUCH EMPLOYERS
		ADDRESS OF ALL SUCH EMPLOYERS State of Indiana /

IF YES, THE NATURE OF S CONDUCTED:	UCH BUSINESS AND THE NAME UNDER WHICH
NATURE OF THE BUSINES	S
NAME UNDER WHICH SUC	CH BUSINESS WAS CONDUCTED
	OR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE EXCESS OF \$5000.00 FROM AN EMPLOYER?
IF YES, THE NAME AND AI	DDRESS OF SUCH EMPLOYER
EMPLOYER'S NAME	State of Indiana
EMPLOYER'S ADDRESS	100 N. Senate Ave., IGCN 440 Indianapolis, IN 46204
[IF YOUR SPOUSE WAS PAID SHEETS]	\$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL
	OR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT E COMPENSATION IN EXCESS OF \$5000.00 FROM AN NO X
IF YES, THE NAME AND AL	DDRESS OF SUCH EMPLOYER
NAME OF DEPENDANT CH	ILD
EMPLOYER'S NAME	

4.	DID	YOU.	YOUR	SPOUSE	OR A	NY O	F YOUR	DEPENDA	INT	CHILDREN	EITHER
----	-----	------	------	---------------	------	------	--------	---------	-----	-----------------	--------

- (1) SERVE AS AN OFFICER OF,
- (2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
- (3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

IN ANY BUSINESS YEAR THAT	DID BUS	INESS	WITH	OR SO	LICITED	BUSINESS
WITH THE CITY OR COUNTY?	YES	NO	X			
	- CONTRACTOR DATE	**********	Marie additional			

WITH THE CITY OR COUNTY? YES NO_X_
IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES
ENTITY'S NAME
ENTITY'S ADDRESS
[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]
5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY? YES NO _X
IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:
PERSON SERVING: COUNCILLOR SPOUSE DEPENDANT CHILD
NAME OF ORGANIZATION
ADDRESS OF ORGANIZATION

IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO REPORTING ON THIS FORM, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR WHICH SEEKS TO INFLUENCE COUNCIL ACTION? YES _X_ NO
IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS
Indianapolis Motor Speedway
Indianapolis International Airport
Indiana Pacers
7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.
IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL
SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE
YOU ATTACHING ADDITIONAL SHEETS? YES NO X
IF YES, HOW MAY ADDITIONAL SHEETS ARE ATTACHED?
I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.
Susie Day January 24, 2010
COUNCILLOR
DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

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ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIRLY

a. YOUR N.	AME JOSE M. EVANS
b. YOUR RI	SIDENCE
	7644 BANCASTER DRIVE, INDPLS IN 46
c. YOUR BU	SINESS ADDRESS
	1449 N. Pennsylvania Indpls, IN 46202
	Indpls IN 46202
a. DID YOU	RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE
PRIOR YEA	RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE R? YES X NO
PRIOR YEAS, THE NAM	RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE R? YES X NO E AND ADDRESS OF ALL SUCH EMPLOYERS
PRIOR YEAS, THE NAM	RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE R? YES X NO E AND ADDRESS OF ALL SUCH EMPLOYERS
PRIOR YEAS, THE NAM	RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE R? YES X NO E AND ADDRESS OF ALL SUCH EMPLOYERS ME Sepacoa Inc.
PRIOR YEAS, THE NAM	RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE R? YES X NO E AND ADDRESS OF ALL SUCH EMPLOYERS

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. WERE YOU SELF-EMPLOYED? YES \times NO \times

IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:
NATURE OF THE BUSINESS GOVERNMENT RELATIONS, political CAMPAISNS, RE
NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED
3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES \(\sum \) NO
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER
EMPLOYER'S NAME BUHER University
EMPLOYER'S ADDRESS 4600 Sunset Ave
[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]
b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES NO
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER
NAME OF DEPENDANT CHILD
EMPLOYER'S NAME
EMPLOYER'S ADDRESS

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER

- (1) SERVE AS AN OFFICER OF,
- (2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
- (3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES NO X
IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES
ENTITY'S NAME
ENTITY'S ADDRESS
[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS] 5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY? YES X NO
IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:
PERSON SERVING: COUNCILLOR X SPOUSE DEPENDANT CHILD
NAME OF ORGANIZATION INDIANA LATINO INSTITUTE
ADDRESS OF ORGANIZATION 445 N. PENNSY / VANIA

IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

ACCORDANCE WITH LAW OR GIFTS F			
	N ON-GOING SOCIAL RELATIONSHIP NOT		
RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO REPORTING ON THIS FORM, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS,			
	REGATE OVER \$250, IN THE PRIOR YEAR		
	DOES BUSINESS WITH OR SEEKS TO DO		
BUSINESS WITH THE CITY OR COUN	TY OR WHICH SEEKS TO INFLUENCE		
COUNCIL ACTION? YES NO X			
/ \			
IF YES, LIST THE NAMES OF SUCH PR	ERSONS OR FIRMS		
7. I ACKNOWLEDGE THAT IF ANY IT	EMS REPORTED IN ITEMS 1 THROUGH 4		
ABOVE CHANGE DURING THE YEAR	I WILL UPDATE SUCH INFORMATION		
WITHIN 45 DAYS OF THE CHANGE.			
IF THE SPACE PROVIDED ON THIS FO	ORM IS INADEOUATE. ADDITIONAL		
	THE ADDITIONAL INFORMATION. ARE		
YOU ATTACHING ADDITIONAL SHEE	ETS? YES NO		
IF YES, HOW MAY ADDITIONAL SHEETS ARE ATTACHED?			
I AFFIRM UNDER PENALTIES FOR PE	RJURY THAT MY STATEMENTS ARE TRUE		
AND ACCURATE TO THE BEST OF MY	KNOWLEDGE.		
day M	1-29-10		
COUNCILLOR	DATE		

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

ADDITIONAL SHEET OF
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:

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	a. YOUR NAME MONRIE GRAY
	b. YOUR RESIDENCE 4811-SEVILLE DR.
	c. YOUR BUSINESS ADDRESS
	a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN PRIOR YEAR? YES NO
71	
	PRIOR YEAR? YES NO

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. WERE YOU SELF-EMPLOYED? YES NO
IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:
NATURE OF THE BUSINESS
NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED
3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YESNO
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER
EMPLOYER'S NAME
EMPLOYER'S ADDRESS
[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]
b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES NO
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER
NAME OF DEPENDANT CHILD
EMPLOYER'S NAME
EMPLOYER'S ADDRESS

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER

- (1) SERVE AS AN OFFICER OF,
- (2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
- (3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES NO				
IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES				
ENTITY'S NAME				
ENTITY'S ADDRESS				
[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]				
5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY? YES NO				
IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:				
PERSON SERVING: COUNCILLOR SPOUSE DEPENDANT CHILD				
NAME OF ORGANIZATION				
ADDRESS OF ORGANIZATION				

IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

ACCORDANCE WITH LAW OR GIFTS FROM PE	
MEMBERS WITH WHOM YOU HAVE AN ON-GO	
RELATED TO SERVICE ON THE COUNCIL WHI	
REPORTING ON THIS FORM, DID YOU RECEIV	
VALUED OVER \$100, OR IN THE AGGREGATE	,
FROM ANY PERSON OR FIRM THAT DOES BU	,
BUSINESS WITH THE CITY OR COUNTY OR V	
COUNCIL ACTION? YES NO	VIIICH SEEKS TO INFLUENCE
COUNCIL ACTION: TESNO_V	
IF YES, LIST THE NAMES OF SUCH PERSONS	OR FIRMS
7. I ACKNOWLEDGE THAT IF ANY ITEMS REI	PORTED IN ITEMS 1 THROUGH A
ABOVE CHANGE DURING THE YEAR I WILL	
WITHIN 45 DAYS OF THE CHANGE.	OI DATE SUCH INFORMATION
WITHIN 43 DATS OF THE CHANGE.	
IF THE SPACE PROVIDED ON THIS FORM IS I	NADEQUATE ADDITIONAL
SHEETS MAY BE USED TO PROVIDE THE ADI	- · · · · · · · · · · · · · · · · · · ·
YOU ATTACHING ADDITIONAL SHEETS? YE	
IF YES, HOW MAY ADDITIONAL SHEETS ARE	**************************************
IF 1ES, HOW MAT ADDITIONAL SHEETS ARE	ATTACHED:
I AFFIRM UNDER PENALTIES FOR PERJURY T	HAT MY STATEMENTS ARE TRUE
AND ACCURATE TO THE BEST OF MY KNOWLE	
1 1/1/2	DUL.
Wymare Guy	01-11-10
COUNCILLOR	DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

ADDITIONAL SHEET OF
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:

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ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

b. Your Residence: 10921 Midnight Drive		
Indianapolis, IN 46239)	
c. Your Business A Butler University - Offi		ety, 525 W. Hampton Drive
	ł	
YES ⊠ NO □	Compensation	n From Any Employers in the Prior Year?
a. Did You Receive YES 🗵 NO 🔲	Compensation	all Such Employers
a. Did You Receive YES ⊠ NO □	Compensation Ind Address of a Butler University	all Such Employers
a. Did You Receive YES 🗵 NO 🔲 If Yes, the Name an Employer's Name:	Compensation Ind Address of a Butler University	all Such Employers sity set Avenue

	Nature of the Business:			
	Name under Which Such Business was Conducted:			
3.	a. During the Prior Calendar Year, Did Your Spouse Receive Compensation in excess of \$5000.OO from an Employer? YES NO □			
	If Yes, the Name and Address of Such Employer			
Name:	Employer's Friedman Foundation for Educational Choice			
	One America Square Suite #2420 Employer's Address:			
	Indianapolis, IN 46202			
	[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]			
	b. During the Prior Calendar Year, Did Any of Your Dependant Children Receive Compensation in Excess of \$5000.00 from an Employer? YES NO NO NO NO NO NO NO N			
	If Yes, the Name and Address of Such Employer Name of Dependant Child Employer's Name Employer's Address			
,	[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]			

If Yes, the Name and Addresses of Such Business Entities Entity's Name: Entity's Address: [IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS] Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City County? YES NO [] If Yes, The Name and Address of such Organization or Organizations:	of Your Dependant Children Either r Interest in the Earnings or Profits that Individually 0%, in, or seive Compensation, in Aggregate in Excess of r, from ss with or Solicited Business with the City or County?
Entity's Name: [IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS] Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City County? YES X NO \[\subseteq \text{NO} \subseteq \subseteq \text{NO} \subseteq \subseteq \text{NO} \subseteq \subseteq \text{NO} \subseteq \subseteq \text{NO} \[\subseteq \subseteq \text{NO} \subseteq \subseteq \subseteq \subseteq \text{NO} \subseteq \subseteq \subseteq \text{NO} \subseteq \subseteq \subseteq \subseteq \text{NO} \subseteq \subseteq \subseteq \text{NO} \subseteq \s	es of Such Business Entities
[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS] Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City County? YES NO NO	
[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS] Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City County? YES NO NO	
Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City County? YES NO	
Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City County? YES NO NO	DANT CHILDREN HAD OTHER ENTITIES THAT MUST BE
If Yes, The Name and Address of such Organization or Organizations:	Dependant Child Serve as an Officer or Board
	of such Organization or Organizations:
Person Serving: Councillor: 🗵 Spouse 🔲 Dependant Child 🔲	Spouse Dependant Child
Name of Organization: Peace Learning Center (Board of Directors)	irectors)
Address of Organization: 1040 DeLong Road	
Indianapolis, IN 46254	

[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS

6.	Law or Gifts from Persons Including F Going Social Relationship not Related to Reporting on this form, did you Reco \$100, or in the Aggregate over \$250, in	ect to IC 3-9-2 and Reported in Accordance with Samily Members with whom you have an On- to Service on the Council Which are not Subject eive any Gifts, or Other Items, Valued Over in the Prior Year From Any Person or Firm Business with the City or County or which
	If Yes, List the Names of Such Person	s or Firms:
	Indianapolis Airport Authority - parking pass	(unknown value)
	Indianapolis Motor Speedway (IMS) Hulman	-George family (race)
	United Consulting	
	Indianapolis Colts (Pre-season game)	
	Indiana Pacers	
	Citizen's Energy and Gas	
	Friedman Foundation for Educational Choice	
	Milestone Construction INC	
	Indianapolis Power and Light (AES) - dinner	with caucus
7.	I ACKNOWLEDGE THAT IF ANY I' 4 ABOVE CHANGE DURING THE Y	TEMS REPORTED IN ITEMS 1 THROUGH
	INFORMATION WITHIN 45 DAYS	DE THE CHANGE.
	If the Space Provided on this Form is Ina Provide the Additional Information. Are YES NO	dequate, Additional Sheets may be used to You Attaching Additional Sheets?
	If Yes, How May Additional Sheets are A	ttached? One
I AFF TRUI	TIRM UNDER PENALTIES FOR PERJE E AND ACCURATE TO THE BEST OF	URY THAT MY STATEMENTS ARE MY KNOWLEDGE.
	nin Hunter	Feb 1, 2010

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

INDIANAPOLIS CITY-COUNTY COUNCIL ETHICS DISCLOSURE STATEMENT ADDITIONAL SHEET $\frac{1}{2}$ OF $\frac{1}{2}$. ADDITIONAL RESPONSE TO QUESTION ____ APPLICABLE TO: COUNCILLOR X CANDIDATE ___ SPOUSE__ DEPENDANT CHILD _____ PERSON, ENTITY OR ORGANIZATION IU Partnership for Violent Inj & Death ADDRESS: Riley Hospital for Children - 702 Barnhill Drive Indianapolis, IN 46202 ADDITIONAL RESPONSE TO QUESTION _____ APPLICABLE TO: COUNCILLOR \square CANDIDATE \square SPOUSE \square DEPENDANT CHILD _____ PERSON, ENTITY OR ORGANIZATION _____ ADDRESS: ADDITIONAL RESPONSE TO QUESTION _____ APPLICABLE TO: COUNCILLOR ☐ CANDIDATE ☐ SPOUSE ☐ DEPENDANT CHILD _____ PERSON, ENTITY OR ORGANIZATION _____ ADDRESS: ____

Sec. 151-1123 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. For the year 2009, the statement is due July 1, 2009. Thereafter, the statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

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	ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY
1.	a. YOUR NAME Maggie A. Lewis
	b. YOUR RESIDENCE 4335 SKOCE ECIGE (N
	c. YOUR BUSINESS ADDRESS
2.	a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR? YES X NO
IF YE	S, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS
EMPL	OYER'S NAME Indiana CRIMINAL JUSTICE INCL
EMPL — II	OYER'S ADDRESS OF W Washington Steet DUDMAPOUS, IN 44204.344
	[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. WERE YOU SELF-EMPLOYED? YES NO
IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:
NATURE OF THE BUSINESS Community Consultart
NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED
3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER?
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER
EMPLOYER'S NAME LEROY LEWIS
EMPLOYER'S NAME Choy Lewis EMPLOYER'S ADDRESS Nakion County Assessor
[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL
b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES NO
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER
NAME OF DEPENDANT CHILD
EMPLOYER'S NAME
EMPLOYER'S ADDRESS

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO REPORTING ON THIS FORM, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR WHICH SEEKS TO INFLUENCE COUNCIL ACTION? YES NO

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS Speedway - Indianapolis Motor Speedway 200 Roce
Colts games - Hunt Const. Colts game - Mays Fever game -> Consico Markeling Yearn
Joie Teaste Maching Han!
7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.
IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES NO_ IF YES, HOW MAY ADDITIONAL SHEETS ARE ATTACHED?
I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.
Magie A. Leurs COUNCILLOR 1. //. /O DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

ADDITIONAL SHEET OF
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR
PERSON, ENTITY OR ORGANIZATION CLOCKER CAC
ADDRESS: 9/0/ N. Wesleyan Road, Sute 1/4
Indianapolis, IN 46268
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:

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	ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY
1.	a. YOURNAME Robert B. Lutz
	b. YOUR RESIDENCE
	1156 Texarkana Dr.
	c. YOUR BUSINESS ADDRESS
	5026 Craw Fordsville RD
	Speedway In 46224
2.	a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR? YES ½ NO
IF YES	, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS
EMPLO	OYER'S NAME City of Indianajolis
EMPLO	OYER'S ADDRESS 200 E. Washington St. Indianagelis In 46204
	IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]



b. WERE YOU SELF-EMPLOYED? YES X NO
IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:
NATURE OF THE BUSINESS Legal Services
NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED
3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YESNO _★
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER
EMPLOYER'S NAME
EMPLOYER'S ADDRESS
[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]
b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES NO X_ ~~ Lefer Level 24. Lefel
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER
NAME OF DEPENDANT CHILD
EMPLOYER'S NAME
EMPLOYER'S ADDRESS

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

(1) SERVE AS AN OFFICER OF,
(2) OWN AN EQUITY INTEREST OR INTEREST IN THE FARNINGS OF PROFITS
THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10% IN OR
(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION IN AGGREGATE IN
EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM
IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES $\cancel{\times}$ NO
IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES
ENTITY'S NAME LOGE'S INC.
ENTITY'S ADDRESS 1300 N. Mickey Indianapolis In.
Indianafolis In.
[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]
5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY? YES NO _X
IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:
PERSON SERVING:
COUNCILLOR SPOUSE DEPENDANT CHILD
DEI ENDANT CHILD
NAME OF ORGANIZATION
ADDRESS OF ORGANIZATION
IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER

VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR WHICH SEEKS TO INFLUENCE COUNCIL ACTION? YES \(\subseteq \text{NO} \)
IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS Indianagolis Motor Speedway; Indianagolis fower + Light Co.; Citeens Energy Group; Indianagolis Co Hs; Short Strategies.
7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.
IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES NOX_ IF YES, HOW MAY ADDITIONAL SHEETS ARE ATTACHED?
I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.
COUNCILLOR DATE
SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY

BUILDING, INDIANAPOLIS, INDIANA, 46204.

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN

MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT

REPORTING ON THIS FORM, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS,

ACCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY

RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO

ADDITIONAL SHEET OF	
ADDITIONAL RESPONSE TO QUESTION	
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD	
PERSON, ENTITY OR ORGANIZATION	
ADDRESS:	
ADDITIONAL RESPONSE TO QUESTION	
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD	
PERSON, ENTITY OR ORGANIZATION	
ADDRESS:	
ADDITIONAL RESPONSE TO QUESTION	_
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD	
PERSON, ENTITY OR ORGANIZATION	
ADDRESS:	

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Δ	LL QUESTIONS I	<u>MUST BE ANSW</u>	ERED COMPLET	ELY AND LEGIB
a	. YOUR NAME _	BRIAN	MAHERN	
b -	. YOUR RESIDEN	CE 1415	LEXINGTON	AVE
С	. YOUR BUSINESS	SADDRESS	· · · · · · · · · · · · · · · · · · ·	the second secon
		S. S		Maral
		- %		· · · · · · · · · · · · · · · · · · ·
P	DID YOU RECEIRIOR YEAR? YE	S × NO		EMPLOYERS IN
ES,	RIOR YEAR? YE	S <u>×</u> NO ADDRESS OF A	LL SUCH EMPLO	EMPLOYERS IN

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. WERE YOU SELE EN	
	MPLOYED? YES NO X
NATURE OF THE BUSINESS NAME UNDER WHICH SUCK	MPLOYED? YES NO X HE BUSINESS AND THE NAME UNDER WHICH
NAME UNDER WHICH SUCH BI	USINFSC
3. a. DURING THE PRIOR CA	USINESS WAS CONDUCTED
YES NO X IF YES THE SE	ALENDAR YEAR, DID YOUR SPOUSE RECEIVE SSS OF \$5000.00 FROM AN EMPLOYER?
EMPLOYER'S NAT	S OF SUCH EMPLOYE
EMPLOYER'S ADDRESS	LOYER
[IF YOUR SPOUSE WAS PAID \$5000.00 I	BY ADDITIONAL EMPLOYERS USE ADDITIONAL
b. DURING THE PRIOR CALENT CHILDREN RECEIVE COMPEN EMPLOYER? VEG	DAR YEAR, DID ANY OF YOUR DEPENDANT (SATION IN EXCESS OF \$5000.00 FROM AN
ANDADD	SATION IN EXCESS OF \$5000.00 FROM AN
NAME OF DEPENDANT CHA	SUCH EMPLOYER
EMPLOYER'S NAME	
MPLOYER'S ADDRESS	
YOUR	
YOUR DEPENDANT CHILDREN HAD OTH	

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER

- (1) SERVE AS AN OFFICER OF,
- (2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
- (3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES NO_X_	
ENTITY'S NAME	
ENTITY'S ADDRESS	
[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]	
5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY? YES NO \(\sum_{\text{NO}} \)	
IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:	
PERSON SERVING:	
COUNCILLOR SPOUSE DEPENDANT CHILD	
NAME OF ORGANIZATION	
ADDRESS OF ORGANIZATION	

IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. EXCEPT FOR CAMPAIGN DONATION ACCORDANCE WITH LAW OR GIFTS FI	IS , SUBJECT TO IC 3-9-2 AND REPORTED IN
MEMBERS WITH WHOM YOU HAVE AN	NON-GOING SOCIAL RELATIONSHIP NOT
RELATED TO SERVICE ON THE COUNC	CIL WHICH ARE NOT SUBJECT TO
	RECEIVE ANY GIFTS, OR OTHER ITEMS,
VALUED OVER \$100, OR IN THE AGGI	REGATE OVER \$250, IN THE PRIOR YEAR
FROM ANY PERSON OR FIRM THAT D	OOES BUSINESS WITH OR SEEKS TO DO
BUSINESS WITH THE CITY OR COUNT	TY OR WHICH SEEKS TO INFLUENCE
COUNCIL ACTION? YES NO	
IF YES, LIST THE NAMES OF SUCH PE	RSONS OR FIRMS
	OR SPEED WAY
HUNT CONSTRA	STION
7. I ACKNOWLEDGE THAT IF ANY ITE ABOVE CHANGE DURING THE YEAR I WITHIN 45 DAYS OF THE CHANGE.	CMS REPORTED IN ITEMS 1 THROUGH 4 I WILL UPDATE SUCH INFORMATION
IF THE SPACE PROVIDED ON THIS FO	RM IS INADEQUATE ADDITIONAL
SHEETS MAY BE USED TO PROVIDE T	HE ADDITIONAL INFORMATION. ARE
YOU ATTACHING ADDITIONAL SHEET	
IF YES, HOW MAY ADDITIONAL SHEE	
,	
I AFFIRM UNDER PENALTIES FOR PER	JURY THAT MY STATEMENTS ARE TRUE
AND ACCURATE TO THE BEST OF MY K	NOWLEDGE.
Juian Mallem	#/ 1/11/09
COUNCILLOR	DATE/ / /

y

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

ADDITIONAL RESPONSE TO QUESTION APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD PERSON, ENTITY OR ORGANIZATION ADDRESS:
DEPENDANT CHILD PERSON, ENTITY OR ORGANIZATION
ADDRESS:
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:

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	a. YOUR NAME Dane Mahern
	b. YOUR RESIDENCE 2313 S. Garfield Dr. Indianapolis IN. 46203
	c. YOUR BUSINESS ADDRESS 200 E. Washington St. Indpls. IN. 46204
	a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN T PRIOR YEAR? YES ** NO
Y	a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN T PRIOR YEAR? YES NO ES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS
	PRIOR YEAR? YES 🔀 NO

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. WERE YOU SELF-EMPLOYED: YES NO _X
IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:
NATURE OF THE BUSINESS
NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED
3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES X NO
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER
EMPLOYER'S NAME Dave & Busters
EMPLOYER'S ADDRESS 8350 Castleton Corner Dr. Indels IN. 46250
[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]
b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES NO _X
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER
NAME OF DEPENDANT CHILD
EMPLOYER'S NAME
EMPLOYER'S ADDRESS

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER	
(1) SERVE AS AN OFFICER OF,	
(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS	
THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR	
(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN	
EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM	
IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS	
WITH THE CITY OR COUNTY? YES NO \times	
IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES	
TO A LOT VICTOR VACA A MATER	
ENTITY'S NAME	
ENTITY'S NAME ENTITY'S ADDRESS	
ENTITY'S ADDRESS	

IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

NAME OF ORGANIZATION _____

ADDRESS OF ORGANIZATION _____

COUNCILLOR ___ SPOUSE ___ DEPENDANT CHILD ____

PERSON SERVING:

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO REPORTING ON THIS FORM, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR WHICH SEEKS TO INFLUENCE COUNCIL ACTION? YES X NO X

Colts game (Hunt Construction)	
7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 T	THROUGH 4
ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORWITHIN 45 DAYS OF THE CHANGE.	MATION
IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITED SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION OF THE ADDI	
YOU ATTACHING ADDITIONAL SHEETS? YES NO_X	
IF YES, HOW MAY ADDITIONAL SHEETS ARE ATTACHED?	
I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS AND ACCURATE TO THE BEST OF MY KNOWLEDGE.	S ARE TRUE
Jane Mahen 1/11/2010 COUNCILLOR DATE	
DATE	

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

ADDITIONAL SHEET OF
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:

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ALL QUEST	IONS MUST BE ANSWERED COMPLETELY AND LEGIBLY
a. YOUR NA	AME Barbara Malone
b, YOUR RE 6953 <i>[</i> 3	SIDENCE retton Wood Dr, Indpls IN 46268
c VOUR BU	SINESS ADDRESS
Ammee	n + Associates
155 F.	Market St, Suite 860
	· 1N 46204
	RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE
	R? YES X NO
FRIOR I EA	K. IES / NO
F YES, THE NAM	E AND ADDRESS OF ALL SUCH EMPLOYERS
EMPLOYER'S NAI	ME State of Indiana
EMPLOYER'S ADI	DRESS 100 N. Sengte AVE
[IF YOU HAL	O MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. WERE YOU SELF-EMPLO	OYED? YES NOX
IF YES, THE NATURE OF SUCH BECONDUCTED:	USINESS AND THE NAME UNDER WHICH
NATURE OF THE BUSINESS	
NAME UNDER WHICH SUCH BUS	INESS WAS CONDUCTED
	INESS WAS CONDUCTED
	LENDAR YEAR, DID YOUR SPOUSE RECEIVE SS OF \$5000.00 FROM AN EMPLOYER?
IF YES, THE NAME AND ADDRESS	S OF SUCH EMPLOYER
EMPLOYER'S NAME	
EMPLOYER'S ADDRESS	
[IF YOUR SPOUSE WAS PAID \$5000.0 SHEETS]	00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL
	ENDAR YEAR, DID ANY OF YOUR DEPENDANT PENSATION IN EXCESS OF \$5000.00 FROM AN
IF YES, THE NAME AND ADDRESS	S OF SUCH EMPLOYER
NAME OF DEPENDANT CHILD	
EMPLOYER'S NAME	
EMPLOYER'S ADDRESS	
(IF YOUR DEPENDANT CHILDREN I OVER \$5000.00 USE ADDITIONAL SI	HAD OTHER EMPLOYERS WHO PAID THEM HEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
(1) SERVE AS AN OFFICER OF, $\sim \sim \sim \sim \sim$
(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS
THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN
EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM
IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS
WITH THE CITY OR COUNTY? YES NO_X
IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES
ENTITY'S NAME
ENTITY'S ADDRESS
[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]
MOST BE DISCLOSED ATTACH ADDITIONAL SHEETSJ
5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER
OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED
FOR FUNDING FROM THE CITY OR COUNTY? YES NO X
IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:
PERSON SERVING:
COUNCILLOR SPOUSE DEPENDANT CHILD
NAME OF ORGANIZATION
ADDRESS OF ORGANIZATION
IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER
ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN
ACCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY
MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT
RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO
REPORTING ON THIS FORM, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS,
VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR
FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO
BUSINESS WITH THE CITY OR COUNTY OR WHICH SEEKS TO INFLUENCE
COUNCIL ACTION? YES NO X
·
IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS
7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4
ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION
WITHIN 45 DAYS OF THE CHANGE.
WITHIN 45 DATS OF THE CHANGE.
IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL
SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE
YOU ATTACHING ADDITIONAL SHEETS? YES NO X
IF YES, HOW MAY ADDITIONAL SHEETS ARE ATTACHED?
IF TES, HOW MAT ADDITIONAL SHEETS ARE ATTACHED:
I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE
-AND ACCURATE TO THE BEST OF MY KNOWLEDGE.
/ / A COUNTE TO THE BEST OF MIT KNOW EED GE.
2au hour Malone 2/1/10
COUNCILLOR DATE
DATE

ADDITIONAL SHEET OF
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

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Andreas a	a. YOUR NAME			
	b. YOUR RESIDENCE			
	c. YOUR BUSINESS ADDRESS			
	the second secon			
<u>?</u> .	a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR? YESNO			
2. F Y				
FΥ	PRIOR YEAR? YESNO			

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. WERE YOU SELF-EMPLOYED? YES NO
IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:
NATURE OF THE BUSINESS
NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED
3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YESNO
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER
EMPLOYER'S NAME
EMPLOYER'S ADDRESS
[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]
b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YESNONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONONO
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER
NAME OF DEPENDANT CHILD
EMPLOYER'S NAME
EMPLOYER'S ADDRESS

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER (1) SERVE AS AN OFFICER OF,				
(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS				
THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR (3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN				
EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM				
IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES NO				
IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES				
ENTITY'S NAME				
ENTITY'S ADDRESS				
[IF YOU. YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]				
5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY? YESNO				
IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:				
PERSON SERVING:				
COUNCILLOR SPOUSE DEPENDANT CHILD				
NAME OF ORGANIZATION				
ADDRESS OF ORGANIZATION				

IF YOU. YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

	SUBJECT TO IC 3-9-2 AND REPORTED IN
ACCORDANCE WITH LAW OR GIFTS FRO	
MEMBERS WITH WHOM YOU HAVE AN O	
RELATED TO SERVICE ON THE COUNCIL	
REPORTING ON THIS FORM, DID YOU RE	
VALUED OVER \$100, OR IN THE AGGRE	
FROM ANY PERSON OR FIRM THAT DO	
BUSINESS WITH THE CITY OR COUNTY	OR WHICH SEEKS TO INFLUENCE
COUNCIL ACTION? YES NO	
IF YES, LIST THE NAMES OF SUCH PERS	SONS OR FIRMS
7. I ACKNOWLEDGE THAT IF ANY ITEM	S REPORTED IN ITEMS 1 THROUGH 4
ABOVE CHANGE DURING THE YEAR I W	VILL UPDATE SUCH INFORMATION
WITHIN 45 DAYS OF THE CHANGE.	
IF THE SPACE PROVIDED ON THIS FORM	M IS INADEQUATE, ADDITIONAL
SHEETS MAY BE USED TO PROVIDE THI	E ADDITIONAL INFORMATION. ARE
YOU ATTACHING ADDITIONAL SHEETS	
IF YES, HOW MAY ADDITIONAL SHEETS	
I AFFIRM UNDER PENALTIES FOR PERJU	IRY THAT MY STATEMENTS ARE TRUE
AND ACCURATE TO THE BEST OF MY KN	
	1 - 3 - 2412
COUNCILLOR	DATE

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	ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY
	a. YOUR NAME Janice Rae McHenry
	b. YOUR RESIDENCE 7641 Torbay Circle
	c. YOUR BUSINESS ADDRESS Home
	a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN TH PRIOR YEAR? YES NO Retired
Y	a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN TH PRIOR YEAR? YES NO PRIOR YE
	PRIORYEAR? YES_NOV Retired

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. WERE YOU SELF-EMPLOYED? YESNO
IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:
NATURE OF THE BUSINESS
NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED
3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YESNO
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER
EMPLOYER'S NAME Sears Holding Corp.
EMPLOYER'S NAME Sears Holding Corp. EMPLOYER'S ADDRESS 3333 Beverly Rd. Hoffman Estates, ILD 60179 [T425 E. Washington St.; Indianapolis, IN 46219] [IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL
[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]
b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES NO
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER
NAME OF DEPENDANT CHILD
EMPLOYER'S NAME
EMPLOYER'S ADDRESS

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR	ANY OF YOUR DEPENDANT	' CHILDREN EITHER
----------------------------	-----------------------	-------------------

- (1) SERVE AS AN OFFICER OF,
- (2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
- (3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

IN ANY BUSINESS YEAR THAT	DID BUSI	NESS WITH	OR SOLICITED	BUSINESS
WITH THE CITY OR COUNTY?	YES	NO V		

WITH THE CITY OR COUNTY? YES NO			
IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES ENTITY'S NAME ENTITY'S ADDRESS			
			[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]
			5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY? YES NO
IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:			
PERSON SERVING: COUNCILLOR SPOUSE DEPENDANT CHILD			
NAME OF ORGANIZATION 1. C/COA - (Council Representative) 2. IMAGIS - (Council Representative)			
ADDRESS OF ORGANIZATION 1. 4755 Kingsway Drive, suite 200-46205 2. 200 E. Washington Street, suite 1322-46204			
IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER			

ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO REPORTING ON THIS FORM, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR WHICH SEEKS TO INFLUENCE COUNCIL ACTION? YES ___NO __

IF YES, LIST THE NAMES OF SUCH PERSONS	OR FIRMS
Indiananolis Motor Speed	was : Indianapolis Col
United Water: ATTI I	PLA: Manor Ballard:
Indianapolis Motor Speed United Water; ATTI I Indiana Pacers; IRT	, , , , , , , , , , , , , , , , , , ,
7. I ACKNOWLEDGE THAT IF ANY ITEMS RE	PORTED IN ITEMS 1 THROUGH 4
ABOVE CHANGE DURING THE YEAR I WILL	UPDATE SUCH INFORMATION
WITHIN 45 DAYS OF THE CHANGE.	
IF THE SPACE PROVIDED ON THIS FORM IS I	INADEOUATE, ADDITIONAL
SHEETS MAY BE USED TO PROVIDE THE ADI	,
YOU ATTACHING ADDITIONAL SHEETS? YE	
IF YES, HOW MAY ADDITIONAL SHEETS ARE	
I AFFIRM UNDER PENALTIES FOR PERJURY T	THAT MY STATEMENTS ARE TRUE
AND ACCURATE TO THE BEST OF MY KNOWLI	
Janue Shattark M'Kenen	February 1, 2010 DATE
COUNCILLOR	DATE
//	

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ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1.	a. YOUR NAME Doris Minton McNeill
	b. YOUR RESIDENCE 2056 N, Medford Avenue
	c. YOUR BLISTNESS ADDRESS 200 East Washington Street Indianapolis, IN 4620-43307
2.	a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR? YES X NO
IF YE	S, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS
EMPI	LOYER'S NAME Indpls Public Schools
EMPI	LOYER'S ADDRESS 120 E. Walnut Street

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]



b. WERE YOU SELF-EMPLOYED? YESNO _x
IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:
NATURE OF THE BUSINESS
NAME UNDER WILICH SUCH BUSINESS WAS CONDUCTED
3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YESNO_X_
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER
EMPLOYER'S NA ME
EMPLOYER'S ADDRESS
[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]
b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES NO $_{\rm X}$
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER
NAME OF DEPENDANT CHILD
EMPLOYER'S NAME
EMPLOYER'S ADDRESS
[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUN SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER (1) SERVE AS AN OFFICER OF, (2) OWN AM EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR (3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE
IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM $\frac{???}{}$
IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES NO_X_Not sure: I Work for IPS
IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES
ENTITY'S NAME
ENTITY'S ADDRESS
[IF YOU, YOUR SP()USE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED AT" ACH ADDITIONAL SHEETS]
5. DID YOU, YOUN SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBEN. OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR
FUNDING FROM THE CITY OR COUNTY? YES NO x ? (However, I am
president of a neighborhood board that is connected to GINI. GINI applied for and was granted a crime prevention grant. To the extent
the said association requires a response, I add this explanation.
IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATION®:
PERSON SERVING:
COUNCILLOR x SPOUSE DEPENDANT CHILD
NAME OF ORGANIZATION Westside Neighborhood Association
ADDRESS OF ORGANIZATION 1831 Lafayette Road
IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER

ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. EXCEPT FOR C	AMPAIGN DONATIONS	S, SUBJECT	TO IC 3-9-2 AND RI	EPORTED IN
	TH LAW OR GIFTS FRO			
	HAVE AN ON-GOING			
SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO REPORTING ON THI FORM, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, O				
	S BUSINESS WITH OR			
OR COUNTY OR V	WHICH SEEKS TO INFL	LUENCE COU	NCIL ACTION? Y	ESNO
I am not sur	e how to answer	this; as	neighborhood	<u>president,</u>
	erchants who ma			
	association may do			
however. I am	not sure what the	value is. S	uch donations	are for the
benefit of the a	ssociation and doe	s not enric	hment persona	lly.
IF YES, LIST THE	NAMES OF SUCH PER	RSONS OR FI	RMS	
ABOVE CHANGE	GE THAT IF ANY ITE DURING THE YEAR I OF THE CHANGE.			
WIIIII 45 DILL				
IF THE SPACE PR	OVIDED ON THIS FOR	RM IS INADE	QUATE, ADDITIO	NAL
	USED TO PROVIDE TI			
YOU ATTACHING	ADDITIONAL SHEET	S? YES _ 1	NO X	
IF YES, HOW MA	Y ADDITIONAL SHEET	TS ARE ATTA	ACHED?	
	PENALTIES FOR PER.		AY STATEMENTS A	RE TRUE
1 prisma	nton Mc Noill	1		
COUNCILLOR	- Committee of the Comm	$\overline{\mathbf{D}}$	ATE	-

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

Note: If not completed correctly, please let me know. Thank you!!

ADDITIONAL SHIET OF
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]



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ALL OUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

	a. YOUR NAME	Michael J. M- Ruillen	
	b. YOUR RESIDENCE	E 9130 Prairie Ridge Ct	46256
	c. YOUR BUSINESS A		412-50
		0.6.30, 30000	7 0
₩	PRIOR YEAR? YES	E COMPENSATION FROM ANY EMPL NO	OYERS IN
	PRIOR YEAR? YES	E COMPENSATION FROM ANY EMPL	OYERS IN

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. WERE YOU SELF-EMPLOYED? YESNO		
IF YES, THE NATURE OF SUCH BUS CONDUCTED:	INESS AND THE NAME UNDER WHICH	
NATURE OF THE BUSINESS Antiq	ues e Collectibles Sales	
NAME UNDER WHICH SUCH BUSIN	ESS WAS CONDUCTED	
	NDAR YEAR, DID YOUR SPOUSE RECEIVE OF \$5000.OO FROM AN EMPLOYER?	
IF YES, THE NAME AND ADDRESS O	OF SUCH EMPLOYER	
EMPLOYER'S NAME	e Township Schools	
EMPLOYER'S ADDRESS 7600 E	1.7/st ST 46756	
[IF YOUR SPOUSE WAS PAID \$5000.00 I SHEETS]	BY ADDITIONAL EMPLOYERS USE ADDITIONAL	
	NDAR YEAR, DID ANY OF YOUR DEPENDANT NSATION IN EXCESS OF \$5000.00 FROM AN	
IF YES, THE NAME AND ADDRESS O	OF SUCH EMPLOYER	
NAME OF DEPENDANT CHILD	NA	
EMPLOYER'S NAME	MA	
EMPLOYER'S ADDRESS	V/A	

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER

- (1) SERVE AS AN OFFICER OF,
- (2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
- (3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

IN ANY RUSINESS VEAD THAT DID RUSINESS WITH OD SOI ICITED BUSINESS

	DRESSES OF SUCH BUSINESS ENTITIES
ENTITY'S NAME	MA
ENTITY'S ADDRESS	NA
=	EPENDANT CHILDREN HAD OTHER ENTITIES THAT
MOSI BE DISCLOSED ATTAC	I ADDITIONAL SHEETSJ
5. DID YOU, YOUR SPOUSE, OR BOARD MEMBER OF AN	OR ANY DEPENDANT CHILD SERVE AS AN OFFINAL OR ANY DEPENDANT CHILD SERVE AS AN OFFINAL OR APPLIANCE OR APPLIANCE OR APPLIANCE OR COUNTY? YES NO
OR BOARD MEMBER OF AN FOR FUNDING FROM THE	OR ANY DEPENDANT CHILD SERVE AS AN OFF NY ORGANIZATION THAT RECEIVED OR APPLII
5. DID YOU, YOUR SPOUSE, OR BOARD MEMBER OF AN FOR FUNDING FROM THE OUT OF THE NAME AND AD ORGANIZATIONS: PERSON SERVING:	OR ANY DEPENDANT CHILD SERVE AS AN OFF NY ORGANIZATION THAT RECEIVED OR APPLIE CITY OR COUNTY? YES NO
5. DID YOU, YOUR SPOUSE, OR BOARD MEMBER OF AN FOR FUNDING FROM THE OUT OF T	OR ANY DEPENDANT CHILD SERVE AS AN OFF NY ORGANIZATION THAT RECEIVED OR APPLIE CITY OR COUNTY? YES NO DRESS OF SUCH ORGANIZATION OR

ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN CCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY		
EMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT ELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO		
REPORTING ON THIS FORM, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS		
ALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR		
ROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO		
USINESS WITH THE CITY OR COUNTY OR WHICH SEEKS TO INFLUENCE		
OUNCIL ACTION? YES \(\sqrt{\sqrt{NO}} \) NO		
YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS		
Cotts, Pacers, Indols Motor Speedway, Keystone Construction		
I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 BOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION ITHIN 45 DAYS OF THE CHANGE.		
THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL		
HEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE		
OU ATTACHING ADDITIONAL SHEETS? YES NO		
YES, HOW MAY ADDITIONAL SHEETS ARE ATTACHED?		
AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE		
ND ACCURATE TO THE BEST OF MY KNOWLEDGE.		

ADDITIONAL SHEET OF
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

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	ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY
1.	a. YOURNAME Mary Bridget Mariarty Adams
	b. YOUR RESIDENCE 5256 East 134 Street, Indiana polis IN 46219
	c. YOUR BUSINESS ADDRESS Marion County Assessor, 200 East Washington St, Room 1326, Indianapolis, IN 46204
2.	a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR? YES VNO
IF YE	S, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS
EMPL	OYER'S NAME Marion County Rugeggor
EMPL	OYER'S NAME <u>Marion County Rugegoor</u> OYER'S ADDRESS <u>Room 1301</u> I'va ianapolis, IN 46204
	[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

(1) SERVE AS AN OFFICER OF,
(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS
THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN
EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM
IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES NO V
IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES
ENTITY'S NAME
ENTITY'S ADDRESS
TIF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]
5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER
OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY? YES NO
F YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR
DRGANIZATIONS:
PERSON SERVING:
COUNCILLOR SPOUSE DEPENDANT CHILD
NAME OF ORGANIZATION

IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

ADDRESS OF ORGANIZATION _____

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO REPORTING ON THIS FORM, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR
FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO
BUSINESS WITH THE CITY OR COUNTY OR WHICH SEEKS TO INFLUENCE COUNCIL ACTION? YES NO
IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS INdianapolis Motor Speedway, Citizens Energy Group, ATET, Indianapolis Dutn, Inc. United Water,
United Water,
7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.
IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES V NO_ IF YES, HOW MAY ADDITIONAL SHEETS ARE ATTACHED?
I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.
Mary Moriarty adams 1/22/2010
COUNCELLOR & DATE

ADDITIONAL SHEET/_ OF/
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR / CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION _ City - Coupty Council
PERSON, ENTITY OR ORGANIZATION <u>City</u> - Coupty Council ADDRESS: <u>200 East Washington St. Room 241</u> Indianapolis, IN 46204
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

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ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1.	a. YOUR NAME Jackie Nytes
	b. YOUR RESIDENCE 3444 Washington Blvd Indiana polis 46205
	c. YOUR BUSINESS ADDRESS
2.	a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR? YES NO
[F Y]	ES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS
ЕМР	PLOYER'S NAME Mapleton Fall Creek Development Corporation
ЕМР	PLOYER'S ADDRESS 130 E. 30th Street Indianapohs, IN 46205

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

1

b. WERE YOU SELF-EMPLOYED? YES NO
IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:
NATURE OF THE BUSINESS
NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED
3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YESNO
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER
EMPLOYER'S NAME Printing Partners
EMPLOYER'S ADDRESS 929 W. 16th 5t. Indianapolis, IN 46202-2214
[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]
b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES NO
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER
NAME OF DEPENDANT CHILD Patrick O'Brien
EMPLOYER'S NAME Printing Partners

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

EMPLOYER'S ADDRESS

THAT INDIVIDUALLY ((3) DIRECTLY OR INDI	OR INTEREST IN THE EARNINGS OR PROFITS OR IN THE AGGREGATE EXCEEDS 10%, IN, OR RECTLY RECEIVE COMPENSATION, IN AGGREGATE IN URING THE PAST YEAR, FROM
	AT DID BUŞINESS WITH OR SOLICITED BUSINESS
IF YES, THE NAME AND ADI	DRESSES OF SUCH BUSINESS ENTITIES
ENTITY'S NAME Print	ting Partners
	29 W. 16th St udianapolis, IN 46202
	EPENDANT CHILDREN HAD OTHER ENTITIES THAT
OR BOARD MEMBER OF AN	OR ANY DEPENDANT CHILD SERVE AS AN OFFICER Y ORGANIZATION THAT RECEIVED OR APPLIED ITY OR COUNTY? YES NO
IF YES, THE NAME AND ADD ORGANIZATIONS:	PRESS OF SUCH ORGANIZATION OR
PERSON SERVING: COUNCILLOR /_ SPOUSE	
NAME OF ORGANIZATION _	Indianapolis Symphony Orchestra
ADDRESS OF ORGANIZATIO	N E. Washington St. Endianapolis IN 4620
	PENDANT CHILDREN HAD POSITIONS IN OTHER

ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER

(1) SERVE AS AN OFFICER OF,

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT ACCORDANCE WITH LAW OR GIFTS FROM PERSON MEMBERS WITH WHOM YOU HAVE AN ON-GOIN RELATED TO SERVICE ON THE COUNCIL WHICK REPORTING ON THIS FORM, DID YOU RECEIVE VALUED OVER \$100, OR IN THE AGGREGATE OF FROM ANY PERSON OR FIRM THAT DOES BUS BUSINESS WITH THE CITY OR COUNTY OR WHO COUNCIL ACTION? YES / NO	SONS INCLUDING FAMILY NG SOCIAL RELATIONSHIP NOT H ARE NOT SUBJECT TO CANY GIFTS, OR OTHER ITEMS, OVER \$250, IN THE PRIOR YEAR INESS WITH OR SEEKS TO DO
IF YES, LIST THE NAMES OF SUCH PERSONS O Indianapolis Motor Speedway = fix Indianapolis Ceits game tix	
7. I ACKNOWLEDGE THAT IF ANY ITEMS REPO ABOVE CHANGE DURING THE YEAR I WILL UP WITHIN 45 DAYS OF THE CHANGE.	
IF THE SPACE PROVIDED ON THIS FORM IS IN SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL SHEETS? YES IF YES, HOW MAY ADDITIONAL SHEETS ARE A	TIONAL INFORMATION. ARE
I AFFIRM UNDER PENALTIES FOR PERJURY THA AND ACCURATE TO THE BEST OF MY KNOWLED	
COUNCILLOR COUNCILLOR	DATE 26,2010

ADDITIONAL SHEET OF
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:
ADDITIONAL DESPONSE TO OLIEGTION
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

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	ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY
1.	a. YOUR NAME WILLIAM C. OLIVER
	b. YOUR RESIDENCE 4712 E. 34 th St.
	c. YOUR BUSINESS ADDRESS 4712 E. 34 th St.
2.	a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR? YES NO
IF Y	ES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS
ЕМР	PLOYER'S NAME CITY OF INCLUDING POLIS
ЕМР	PLOYER'S ADDRESS 200 E. WAShington St.
	[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. WERE YOU SELF-EMPLOYED? YES V NO
IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:
NATURE OF THE BUSINESS SNOW REWAYAL/LANDSCAPENTS
NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED O WER JAMKORIA & SEV.
3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES NO
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER
EMPLOYER'S NAME
EMPLOYER'S ADDRESS
[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]
b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES NO
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER
NAME OF DEPENDANT CHILD
EMPLOYER'S NAME
EMPLOYER'S ADDRESS

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER

- (1) SERVE AS AN OFFICER OF,
- (2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
- (3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES NO
IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES
ENTITY'S NAME
ENTITY'S ADDRESS
[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]
5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICE OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY? YES NO
IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:
PERSON SERVING: COUNCILLOR SPOUSE DEPENDANT CHILD
NAME OF ORGANIZATION
ADDRESS OF ORGANIZATION
IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER

ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO REPORTING ON THIS FORM, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR WHICH SEEKS TO INFLUENCE COUNCIL ACTION? YES NO
IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS
7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.
IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES NO IF YES, HOW MAY ADDITIONAL SHEETS ARE ATTACHED?
I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.
3Villiam C (Vysil) 1-11-10 DATE

ADDITIONAL SHEET OF
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:

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ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1.	a. YOUR NAME Marily History
	b. YOUR RESIDENCE 1001 Mt Quburn Dr. Zip 46224
	c. YOUR BUSINESS ADDRESS See above - homo office for Council Bous
2.	a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR? YES NO
IF Y	ES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS
EMI	PLOYER'S NAME
ЕМІ	PLOYER'S ADDRESS
·····	

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. WERE YOU SELF-EMPLOYED? YES NO
IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:
NATURE OF THE BUSINESS
NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED
3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES _ NO
EMPLOYER'S NAME
EMPLOYER'S ADDRESS
[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]
b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YESNO
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER
NAME OF DEPENDANT CHILD
EMPLOYER'S NAME
EMPLOYER'S ADDRESS

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHEI	R
(1) SERVE AS AN OFFICER OF,	
(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFI	ITS
THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR	
(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE	IN
EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM	

WITH THE CITY OR COUNTY? YES NO/ IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES ENTITY'S NAME		
[IF YOU, YOUR	SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT	
MUST BE DISC	LOSED ATTACH ADDITIONAL SHEETS]	
5. DID YOU, Y OR BOARD M	COSED ATTACH ADDITIONAL SHEETS] OUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER EMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FROM THE CITY OR COUNTY? YES NO	
5. DID YOU, Y OR BOARD M FOR FUNDING	OUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER EMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FROM THE CITY OR COUNTY? YES NO AME AND ADDRESS OF SUCH ORGANIZATION OR	
5. DID YOU, Y OR BOARD M FOR FUNDING IF YES, THE M ORGANIZATI PERSON SERV	OUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER EMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FROM THE CITY OR COUNTY? YES NO AME AND ADDRESS OF SUCH ORGANIZATION OR ONS:	
5. DID YOU, YOR BOARD ME FOR FUNDING IF YES, THE ME ORGANIZATION SERVICE COUNCILLOR	OUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER EMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FROM THE CITY OR COUNTY? YES NO AME AND ADDRESS OF SUCH ORGANIZATION OR ONS:	

IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

FROM ANY PERSON OR FIRM THAT	GREGATE OVER \$250, IN THE PRIOR YEAR T DOES BUSINESS WITH OR SEEKS TO DO UNTY OR WHICH SEEKS TO INFLUENCE
IF YES, LIST THE NAMES OF SUCH I 1913 - 2 techto to Brisk / A Gatlendia Gayy Lest Complem	PERSONS OR FIRMS rd 400 & recieved a Sift under 25 fro ents of United Water, 2 techets Valued of the
7. I ACKNOWLEDGE THAT IF ANY I' ABOVE CHANGE DURING THE YEAD WITHIN 45 DAYS OF THE CHANGE.	TEMS REPORTED IN ITEMS 1 THROUGH 4 R I WILL UPDATE SUCH INFORMATION
IF THE SPACE PROVIDED ON THIS I SHEETS MAY BE USED TO PROVIDE YOU ATTACHING ADDITIONAL SHE IF YES, HOW MAY ADDITIONAL SHI	
I AFFIRM UNDER PENALTIES FOR PA AND ACCURATE TO THE BEST OF MY	ERJURY THAT MY STATEMENTS ARE TRUE Y KNOWLEDGE.
COUNCILLOR / LISTERER	

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY

BUILDING, INDIANAPOLIS, INDIANA, 46204.

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN

REPORTING ON THIS FORM, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS,

ACCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT

RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO

ADDITIONAL SHEET OF
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:

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a. Your Name: Plowman, Lincoln L.	
b. Your Residence: 7356 Oxbridge Pace	
Indianagolis, IN 46259	_
c. Your Business Address: 7815 S. Emerson Ave., # 269	
Indianapolis, IN 46237	
a. Did You Receive Compensation From Any Employers in the Prior Year? YES NO	
If Yes, the Name and Address of all Such Employers	
Employer's Name: Indianapolis Metropolitan tolice De	po
Employer's Address: 50 N. Alabama St.	
Indiana polis, IN The (46204)	
[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]	
[II 100 HAD MORE THAN ONE EMPLOTER, USE ADDITIONAL SHEETS]	

Nature of the Business:
Name under Which Such Business was Conducted:
a. During the Prior Calendar Year, Did Your Spouse Receive Compensation in excess of \$5000.00 from an Employer? YESNO _x_
If Yes, the Name and Address of Such Employer
Employer's Name:
Employer's Address:
[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]
b. During the Prior Calendar Year, Did Any of Your Dependant Children Receive Compensation in Excess of \$5000.00 from an Employer? YESNO
If Yes, the Name and Address of Such Employer
Name of Dependant Child
Employer's Name

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

	Did You, Your Spouse or any of Your Dependant Children Either (i) Serve as an Officer of, (ii) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or (iii) Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$5000.00 During the Past Year, from			
	Any Business that did Business with or Solicited Business with the City or County? YES NO X			
	If Yes, the Name and Addresses of Such Business Entities			
	Entity's Name:			
	Entity's Address:			
	[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]			
	Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County? YES NO X			
	If Yes, The Name and Address of such Organization or Organizations:			
	Person Serving: Councillor: Spouse Dependant Child			
	Name of Organization:			
	Address of Organization:			
1	IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS			

6.	Except for Campaign Donations, Subject to IC 3-9-2 and Reported in Accordance with Law or Gifts from Persons Including Family Members with whom you have an On-Going Social Relationship not Related to Service on the Council Which are not Subject to Reporting on this form, did you Receive any Gifts, or Other Items, Valued Over \$100, or in the Aggregate over \$250, in the Prior Year From Any Person or Firm that does Business with or Seeks to do Business with the City or County or which Seeks to Influence Council Action? YES NO
	If Yes, List the Names of Such Persons or Firms:
7.	I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.
	If the Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the Additional Information. Are You Attaching Additional Sheets? YES X NO
I AFI	If Yes, How May Additional Sheets are Attached? FIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE E AND ACCURATE TO THE BEST OF MY KNOWLEDGE.
COU	NCILLOR DATE
SIGN BUIL	, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY DING, INDIANAPOLIS, INDIANA, 46204.

ADDITIONAL SHEET _ / OF _ /
ADDITIONAL RESPONSE TO QUESTION 2
APPLICABLE TO: COUNCILLOR X CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION Marion County - Indianapolis
ADDRESS: 50 N. Alchame St.
Internapolis, IN 46204
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:

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ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

- 1. a. YOUR NAME Joanne M. Sanders
 - b. YOUR RESIDENCE 5144 N Carrollton Avenue Indianapolis, IN 46205
 - c. YOUR BUSINESS ADDRESS Same as above
- a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR? YES \underline{X} NO ____

IF YES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS

EMPLOYER'S NAME

International Alliance of Theatrical Stage Employees

EMPLOYER'S ADDRESS

1430 Broadway, 20th Floor New York, NY 10018

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. WERE YOU SELF-EMPLOYED? YESNO_X_
IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:
NATURE OF THE BUSINESSN/A
NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTEDN/A
3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YESNO N/A
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER
EMPLOYER'S NAMEN/A
EMPLOYER'S ADDRESSN/A
[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]
b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES NO N/A
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER
NAME OF DEPENDANT CHILDN/A
EMPLOYER'S NAMEN/A
EMPLOYER'S ADDRESSN/A

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER (1) SERVE AS AN OFFICER OF,		
(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR (3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM		
IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES NO_X_		
IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES		
ENTITY'S NAMEN/A		
ENTITY'S ADDRESS		
[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]		
5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY? YES X_NO		
IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:		
PERSON SERVING: COUNCILLOR _X SPOUSE DEPENDANT CHILD		
NAME OF ORGANIZATION <u>Indianapolis Downtown, Inc.</u>		
ADDRESS OF ORGANIZATION 111 Monument Circle Suite 1600 Indianapolis, IN 46204		

IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO REPORTING ON THIS FORM, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR WHICH SEEKS TO INFLUENCE COUNCIL ACTION? YES X NO

IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS

<u>Indianapolis Motor Speedway (2 tix each to 3 primary races):</u> <u>Indianapolis Airport Authority (parking pass)</u>

7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.

IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL ADDITIONAL PROPERTY OF THE PROPER	ONAL
SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATI	ION. ARE
YOU ATTACHING ADDITIONAL SHEETS? YES X NO	COIN TRICE
IF YES, HOW MAY ADDITIONAL SHEETS ARE ATTACHED? 1	

I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

COUNCILLOR

January 8, 2009 DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

ADDITIONAL SHEET _1_ OF _1
ADDITIONAL RESPONSE TO QUESTION5
APPLICABLE TO: COUNCILLOR _X _ CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION <u>ICVA</u>
ADDRESS: 30 S Meridian Street Indianapolis, IN 46204
ADDITIONAL RESPONSE TO QUESTION5
APPLICABLE TO: COUNCILLOR _X _ CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION Bethlehem House
ADDRESS: 130 East 30 th Street Indianapolis, IN 46205
ADDITIONAL RESPONSE TO QUESTION5
APPLICABLE TO: COUNCILLOR _X_ CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION <u>IMA/ Government Affairs Committee</u>
ADDRESS: 4000 Michigan Rd Indianapolis IN 46208

January Luncheon featuring Todd Rokita!

Thursday, January 14, 2010 at 11:45am

15 guests attending

Clem, Ryan	Attending
Davis, Anne	Attending
Davis, Holly	Attending
Flynn, Tory	Attending
Gibson, Ashley	Attending
Hoff, Maura	Attending
Liggett, Harry	Attending
Moberly, Robyn	Attending
Mullin, Paul	Attending
Newcomer, Sandy	Attending
Servaes, Dana	Attending
Steltenpohl, Marita	Attending
Swander, Katie	Attending
Thompson, Melissa	Attending
Westrick, Mindy	Attending

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ALL OUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

	AND CONTROL MOST DE MASSIERE CONTROL MASSIERE
1.	a. YOUR NAME Christine Scales
	b. YOUR RESIDENCE 5133 Plantation Drive, Indianapolis, 1046250
	c. YOUR BUSINESS ADDRESS 201 City Courty Building, 200 East Washington Street Inaple, IN 46204
2.	a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR? YES _ NO X_ Only City Council work
IF YF	ES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS
EMP	LOYER'S NAME
EMP)	LOYER'S ADDRESS

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

Christine Scales P.2

b. WERE YOU SELF-EMPLOYED? YES NO _X
IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:
NATURE OF THE BUSINESS
NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED
3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YESNO
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER
EMPLOYER'S NAME Radiology Associates of Indianapolis
EMPLOYER'S NAME Radiology Associates of Indianapolis EMPLOYER'S ADDRESS 1500 Albany Street, Beech Grove, IN 146107
[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]
b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDAN' CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YESNO
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER
NAME OF DEPENDANT CHILD
EMPLOYER'S NAME
EMPLOYER'S ADDRESS

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

Christine Scales Vagez

- 4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
 - (1) SERVE AS AN OFFICER OF,
 - (2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
 - (3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES ___ NO \nearrow

WITH THE CITY OR COUNTY? YES NO
F YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES
ENTITY'S NAME
ENTITY'S ADDRESS
IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]
. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY? YES X NO
F YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR DEVELOPMENT COMMUNITY DEVELOPMENT COPP.
COUNCILLOR SPOUSE DEPENDANT CHILD
AME OF ORGANIZATION

IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

Christine Gal Page 4

INDIANAPOLIS CITY-COUNTY COUNCIL ETHICS DISCLOSURE STATEMENT

ADDITIONAL SHEET OF	/ 1
ADDITIONAL RESPONSE TO QUESTION	1+
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD	
PERSON, ENTITY OR ORGANIZATION	
ADDRESS:	-
	$\overline{}$
ADDITIONAL RESPONSE TO QUESTION	
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD	•
PERSON, ENTITY OR ORGANIZATION	
ADDRESS:	-
ADDITIONAL RESPONSE TO QUESTION	
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD	
PERSON, ENTITY OR ORGANIZATION	
ADDRESS:	-

allos sunderinas

CONNCIL ACTION? YES \times \ti

MITHIN 45 DAYS OF THE CHANGE.

ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION & CHANGE TO A CHANGE THE YEAR I WILL UPDATE SUCH INFORMATION & CHANGE TO A CHANGE THAT IF ANY ITEMS REPORTED IN ITEMS I THROUGH 4 WORS CHANGE TO CHANGE STONG TO THE ANY ITEMS REPORTED IN ITEMS I THROUGH 4 WORS CHANGE TO CHANGE TO THE ANY ITEMS TO CHANGE TO THE YEAR OF THE CHANGE TO THE YEAR OF THE CHANGE TO THE YEAR OF THE YEAR OF

IF YES, HOW MAY ADDITIONAL SHEETS ARE ATTACHED? SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE IT THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL

VND VCCNKVLE 10 LHE BEZL OF WY KNOWLEDGE. " I VFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE

DATE DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY

CONCILLOR

BUILDING, INDIANAPOLIS, INDIANA, 46204.

Additional Information!

of lasses each year to councitions. I imagine glasses of lasses each year to councitions. I imagine glasses of lasses each year to councitions. I imagine glasses are seent to many entities, so their value may reflect a bulk purchase price. Estimated value at 30-50.00 each.

Soll purchase price. Estimated value at 30-50.00 each.

Along I PL 5 ponsored dinner for councillors, Capital Mill Manch 16th 300, 100, 100.00.

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ALL OUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY

1.	a. YOUR NAME Christine Scales
	6. YOUR RESIDENCE 5133 Plantation Drive, Indianapolis, 1046250
	c. YOUR BUSINESS ADDRESS 201 City Church Building, 200 East Washington Short Indolon Du Hozor
2.	a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR? YES _ NO X_ Only City Council work
UF Y	ES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS
EMI	PLOYER'S NAME
EMF	PLOYER'S ADDRESS

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. WERE YOU SELF-EMPLOYED? YES NO NO
IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:
NATURE OF THE BUSINESS
NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED
3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES NO
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER
EMPLOYER'S NAME Radiology Associates of Indianapolis
EMPLOYER'S NAME Radiology Associates of Indianapolis EMPLOYER'S ADDRESS 1500 Albany Street, Beech Grove, 10 46107
[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]
b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES NO \
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER
NAME OF DEPENDANT CHILD
EMPLOYER'S NAME
EMPLOYER'S ADDRESS

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO REPORTING ON THIS FORM, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR WHICH SEEKS TO INFLUENCE COUNCIL ACTION? YES \(\sqrt{N}\) NO __

	IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS
F	rowil Mayor's Office - à Colt's tickets Son game on Dec. 27th
	(I) Bequested availability of tickets (a) for sons use-any seat,
	any drye level. Texpectal to any for them. The 2 tickets
	received were standing Room Only Maxor 155 with Compensation for the
1	7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 Was
١	ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION & ELIVE
	WITHIN 45 DAYS OF THE CHANGE.
	TE THE COACE PROMOTE ON THE FORM TO THE PROVINCE
	IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL
	SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE
	YOU ATTACHING ADDITIONAL SHEETS? YES NO
	IF YES, HOW MAY ADDITIONAL SHEETS ARE ATTACHED?
	I AFFIRM UNDER DENAITIES FOR DED DIRVEU AT MY STATSMISSION ARE MOVIE
	I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.
	AND ACCORATE TO THE BEST OF MI KNOWLEDGE.
	I florid was handed to be and
	COUNCILLOR
	COUNCILLOR DATE
	CICNI DATE AND DETERMINE OF THE CONTROL

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

Additional Information:

Indianapolis Motor Speedway sends two engraved glasses each year to Counciltors. I imagine glasses are sent to many entities, so their value may reflect a bulk purchase price. Estimated value of 30-50.00 each.

2) IPL sponsored dinner for councillors, Capital Prill March 16th, 209. Venue is an expensive one. Cost of my meal may have come to \$100.00

Christine Sales Vagez

- 4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER
 - (1) SERVE AS AN OFFICER OF,
 - (2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
 - (3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES ____ NO_X

IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES ENTITY'S NAME
ENTITY'S ADDRESS [IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS] 5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY? YES NO
[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS] 5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY? YES X NO
MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS] 5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY? YES X NO
OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY? YES X NO
IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS: United North East Community Development Corp
PERSON SERVING: COUNCILLOR SPOUSE DEPENDANT CHILD
NAME OF ORGANIZATION
ADDRESS OF ORGANIZATION 3636 E. 38th Street, Tropis

IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

ADDITIONAL SHEET OF	N/N
ADDITIONAL RESPONSE TO QUESTION	11/11
APPLICABLE TO: COUNCILLOR CANDIDATE DEPENDANT CHILD	_ SPOUSE/
PERSON, ENTITY OR ORGANIZATION	
ADDRESS:	
ADDITIONAL RESPONSE TO QUESTION	
APPLICABLE TO: COUNCILLOR CANDIDATE DEPENDANT CHILD	_ SPOUSE
PERSON, ENTITY OR ORGANIZATION	
ADDRESS:	The second secon
ADDITIONAL RESPONSE TO QUESTION	
APPLICABLE TO: COUNCILLOR CANDIDATE DEPENDANT CHILD	_ SPOUSE
PERSON, ENTITY OR ORGANIZATION	
ADDRESS:	

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	ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY
1.	a. YOUR NAME SENT S. Su. H.
	b. YOUR RESIDENCE 1122 Brook Lane, Indiana Indianapolis 46202
	c. YOUR BUSINESS ADDRESS
	Sang As Above
2.	a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN THE PRIOR YEAR? YES <u>K</u> NO
IF YI	ES, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS
EMP:	LOYER'S NAME Military Defurtment of Indiana
EMP	LOYER'S ADDRESS 2002 S. foft Roll Notaring 46202
	[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. WERE YOU SELF-EMPLOYED? YES * NO
IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:
NATURE OF THE BUSINESS Sar Business Consulfing
NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED
3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES NO
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER
EMPLOYER'S NAME Degartment of Workfore developed EMPLOYER'S ADDRESS 805 Beachway Drive Tradiana 16222
EMPLOYER'S ADDRESS 805 Beachway Drive
[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]
b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES NO _X
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER
NAME OF DEPENDANT CHILD
EMPLOYER'S NAME
EMPLOYER'S ADDRESS

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER

IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS

- (1) SERVE AS AN OFFICER OF,
- (2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
- (3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

WITH THE CITY OR COUNTY? YES NO_X_ IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES				
			ENTITY'S NAME	
ENTITY'S ADDRESS				
[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]				
5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY? YES NO Z				
IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:				
PERSON SERVING: COUNCILLOR & SPOUSE DEPENDANT CHILD FAIL CIRCLE Acade, NAME OF ORGANIZATION 215+ Confunction Charter School				
NAME OF ORGANIZATION 215+ Confund Charter School				
ADDRESS OF ORGANIZATION				

IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO REPORTING ON THIS FORM, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR WHICH SEEKS TO INFLUENCE COUNCIL ACTION? YES $_$ NO \bigcirc
IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS
7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.
IF THE SPACE PROVIDED ON THIS FORM IS INADEQUATE, ADDITIONAL SHEETS MAY BE USED TO PROVIDE THE ADDITIONAL INFORMATION. ARE YOU ATTACHING ADDITIONAL SHEETS? YES $_$ NO $_{\swarrow}$ IF YES, HOW MAY ADDITIONAL SHEETS ARE ATTACHED? $_$
I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.
COUNCILLOR DATE

SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

ADDITIONAL SHEET OF
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:

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	ALL QUESTIONS MUST BE AN	SWERED COMPLETELY AND LEGIBLY
1.	a. YOUR NAME	Mike Speedy
	b. YOUR RESIDENCE	4733 Moss Creek Terrace, 46237
	c. YOUR BUSINESS ADDRESS	6801 Gray Road, Suite G, 46237
2.	a. DID YOU RECEIVE COMPE PRIOR YEAR? YES ≰ NO	NSATION FROM ANY EMPLOYERS IN THE
IF Y	ES, THE NAME AND ADDRESS O	OF ALL SUCH EMPLOYERS
ЕМР	LOYER'S NAME	County Council
	I AVEDIC ADDDECC	/
	[IF YOU HAD MORE THAN ONE A	EMPLOYER, USE ADDITIONAL SHEETS]

b. WERE YOU SELF-EMPLOYED? YES X_NO				
IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:				
NATURE OF THE BUSINESS Real Estate Development & Consulting				
NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED American Village Properties, LLC				
3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000,00 FROM AN EMPLOYER? YESNO_X_				
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER				
EMPLOYER'S NAME				
EMPLOYER'S ADDRESS				
[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]				
b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES NO _X_				
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER				
NAME OF DEPENDANT CHILD				
EMPLOYER'S NAME				
EMPLOYER'S ADDRESS				

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER

- (1) SERVE AS AN OFFICER OF,
- (2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS THAT INDIVIDUALLY OR IN THE AGGREGATE EXCEEDS 10%, IN, OR
- (3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM

IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES $_$ NO $_X$
IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES
ENTITY'S NAME
ENTITY'S ADDRESS
[IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]
5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED FOR FUNDING FROM THE CITY OR COUNTY? YESNOX_
IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:
PERSON SERVING: COUNCILLOR SPOUSE DEPENDANT CHILD
NAME OF ORGANIZATION
ADDRESS OF ORGANIZATION

IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO REPORTING ON THIS FORM, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR WHICH SEEKS TO INFLUENCE COUNCIL ACTION? YES X NO
IF YES, LIST THE NAMES OF SUCH PERSONS OR FIRMS Indianapolis Motor Speedway: Two tickets from each of the three annual events held at the Track.
7. I ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 ABOVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION WITHIN 45 DAYS OF THE CHANGE.
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I AFFIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.
COUNCILLOR DATE AND DETURN TO CHERK OF THE COUNCIL 241 CHTV COLD VEY
SIGN, DATE AND RETURN TO: CLERK OF THE COUNCIL, 241 CITY-COUNTY BUILDING, INDIANAPOLIS, INDIANA, 46204.

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ALL OUESTIONS MUST BE ANSWERED COMPLETELY AND LECIPLY

a. YOUR NAME M. Ryan Varight
V
b. YOUR RESIDENCE 8212 D. College Ave
u
c. YOUR BUSINESS ADDRESS
11 S. Merdin, Indple, 45204
a. DID YOU RECEIVE COMPENSATION FROM ANY EMPLOYERS IN
PRIOR YEAR? YES NO
S, THE NAME AND ADDRESS OF ALL SUCH EMPLOYERS
OYER'S NAME Borney Thombury UP
~

[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]

b. WERE 100 SELF-EMPLOTED: TES_NO_Y
IF YES, THE NATURE OF SUCH BUSINESS AND THE NAME UNDER WHICH CONDUCTED:
NATURE OF THE BUSINESS
NAME UNDER WHICH SUCH BUSINESS WAS CONDUCTED
3. a. DURING THE PRIOR CALENDAR YEAR, DID YOUR SPOUSE RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES NO
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER
EMPLOYER'S NAME Royce
EMPLOYER'S ADDRESS 2001 S. TIBLI AVE
[IF YOUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]
b. DURING THE PRIOR CALENDAR YEAR, DID ANY OF YOUR DEPENDANT CHILDREN RECEIVE COMPENSATION IN EXCESS OF \$5000.00 FROM AN EMPLOYER? YES NO
IF YES, THE NAME AND ADDRESS OF SUCH EMPLOYER
NAME OF DEPENDANT CHILD NAME OF DEPENDANT CHILD
EMPLOYER'S NAME
EMPLOYER'S ADDRESS NA

[IF YOUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ADDITIONAL SHEETS]

(3) DIRECTLY OR INDIRECTLY RECEIVE COMPENSATION, IN AGGREGATE IN EXCESS OF \$5000.00 DURING THE PAST YEAR, FROM
IN ANY BUSINESS YEAR THAT DID BUSINESS WITH OR SOLICITED BUSINESS WITH THE CITY OR COUNTY? YES \(\subseteq \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
IF YES, THE NAME AND ADDRESSES OF SUCH BUSINESS ENTITIES
ENTITY'S NAME Barry Thombury LLP
ENTITY'S NAME Barry Thornbury LLP ENTITY'S ADDRESS 11. S. Musdian St.
IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]
5. DID YOU, YOUR SPOUSE, OR ANY DEPENDANT CHILD SERVE AS AN OFFICER OR BOARD MEMBER OF ANY ORGANIZATION THAT RECEIVED OR APPLIED
FOR FUNDING FROM THE CITY OR COUNTY? YES NO
A .
FOR FUNDING FROM THE CITY OR COUNTY? YES NO NO IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS: PERSON SERVING:
FOR FUNDING FROM THE CITY OR COUNTY? YES NO NO IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS:
FOR FUNDING FROM THE CITY OR COUNTY? YES NO NO IF YES, THE NAME AND ADDRESS OF SUCH ORGANIZATION OR ORGANIZATIONS: PERSON SERVING:

IF YOU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT MUST BE DISCLOSED ATTACH ADDITIONAL SHEETS]

4. DID YOU, YOUR SPOUSE OR ANY OF YOUR DEPENDANT CHILDREN EITHER

(2) OWN AN EQUITY INTEREST OR INTEREST IN THE EARNINGS OR PROFITS

(1) SERVE AS AN OFFICER OF,

6. EXCEPT FOR CAMPAIGN DONATIONS, SUBJECT TO IC 3-9-2 AND REPORTED IN ACCORDANCE WITH LAW OR GIFTS FROM PERSONS INCLUDING FAMILY MEMBERS WITH WHOM YOU HAVE AN ON-GOING SOCIAL RELATIONSHIP NOT RELATED TO SERVICE ON THE COUNCIL WHICH ARE NOT SUBJECT TO REPORTING ON THIS FORM, DID YOU RECEIVE ANY GIFTS, OR OTHER ITEMS, VALUED OVER \$100, OR IN THE AGGREGATE OVER \$250, IN THE PRIOR YEAR FROM ANY PERSON OR FIRM THAT DOES BUSINESS WITH OR SEEKS TO DO BUSINESS WITH THE CITY OR COUNTY OR WHICH SEEKS TO INFLUENCE COUNCIL ACTION? YES X NO ___

COUNCIL ACTION? YES X NO	
IF YES, LIST THE NAMES OF SUCH PER	SONS OR FIRMS Light Short Strontegies, Mayor's Chamber of Commerce, Indiana
Convention Vultor Promistia	o Chumber of Commerce, Indiana
7. I ACKNOWLEDGE THAT IF ANY ITEM	
ABOVE CHANGE DURING THE YEAR IN WITHIN 45 DAYS OF THE CHANGE.	WILL UPDATE SUCH INFORMATION
IF THE SPACE PROVIDED ON THIS FOR SHEETS MAY BE USED TO PROVIDE TH	- · · · · · · · · · · · · · · · · · · ·
YOU ATTACHING ADDITIONAL SHEETS IF YES, HOW MAY ADDITIONAL SHEET	S? YES NO
I AFFIRM UNDER PENALTIES FOR PERJ	
AND ACCURATE TO THE BEST OF MY KN	NOWLEDGE.
	2-1-10
COUNCILLOR	DATE

ADDITIONAL SHEET OF
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:
ADDITIONAL RESPONSE TO QUESTION
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD
PERSON, ENTITY OR ORGANIZATION
ADDRESS:

[IF MORE SHEETS ARE NEEDED, DUPLICATE THIS PAGE]

Sec. 151-1123 of the Revised Code of the Consolidated City and County requires all Councillors and any declared candidate for City-County Council to file this statement. For the year 2009, the statement is due July 1, 2009. Thereafter, the statement is due February 1 or within 30 days of taking office. Candidates are required to file before or at the same time as filing a candidate's declaration or petition.

Failure to file this form in a timely manner may subject the Councillor or candidate to sanctions by the Ethics Committee of the City-County Council.

	ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY
1.	a. Your Name: Na Trina S. Moffett
	b. Your Residence: 11624 Eldridge Dr. Indpls. IN 46235
	c. Your Business Address:
2.	a. Did You Receive Compensation From Any Employers in the Prior Year?
If Yes,	the Name and Address of all Such Employers
Emplo	yer's Name: City of Indianapolis/ City County Council
Emplo	yer's Address: 200 & washington St., Surk 241
	1dpls. JN 46204
	[IF YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]
	b. Were You Self-Employed? YES NO <u></u>
If Yes,	the Nature of Such Business and the Name Under Which Conducted:
Nature	of the Business:

Nan	Name under Which Such Business was Conducted:	
3.	a. During the Prior Calendar Year, Did Your Spouse Receive Compensation in excess of \$5000,000 from an Employer? YESNO	
If Y	es, the Name and Address of Such Employer	
Emj	oloyer's Name:	
Emp	oloyer's Address:	
[IF)	b. During the Prior Calendar Year, Did Any of Your Dependant Children Receive Compensation in Excess of \$5000.00 from an Employer? YES NO	
If Y	es, the Name and Address of Such Employer	
Nan	ne of Dependant Child	
Emp	oloyer's Name	
Emp	oloyer's Address	
	OUR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ITIONAL SHEETS]	

7.	(i) Serve as an Officer of, (ii) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or (iii) Directly or Indivestly B.
	(iii) Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$5000.00 During the Past Year, from
	Any Business that did Business with or Solicited Business with the City or County?
YES_	_ NO
If Yes,	the Name and Addresses of Such Business Entities
Entity'	s Name:
Entity'	s Address:
[IF YOU, ATTACH	YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED ADDITIONAL SHEETS]
ľ	Oid You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County? VES NO
If Yes,	The Name and Address of such Organization or Organizations:
Person S	Serving: Councillor: Spouse Dependant Child
Name of	Organization:
Address	of Organization:
[IF YOU,]	OUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT
MOSI DE	DISCLOSED ATTACH ADDITIONAL SHEETS

6.	Except for Campaign Donations, Subject to IC 3-9-2 and Reported in Accordance with Law or Gifts from Persons Including Family Members with whom you have an On-Going Social Relationship not Related to Service on the Council Which are not Subject to Reporting on this form, did you Receive any Gifts, or Other Items, Valued Over \$100, or in the Aggregate over \$250, in the Prior Year From Any Person or Firm that does Business with or Seeks to do Business with the City or County or which Seeks to Influence Council Action? YES NO
If Yo	es, List the Names of Such Persons or Firms:
ABO	ACKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 EVE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION HIN 45 DAYS OF THE CHANGE.
Addi YES	Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the tional Information. Are You Attaching Additional Sheets? NO
TRU	FIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE E AND ACCURATE TO THE BEST OF MY KNOWLEDGE. A CHARACTER ASSISTANT CLUB DATE
COU	DATE,

ADDITIONAL SHEET OF	
ADDITIONAL RESPONSE TO QUESTION	
APPLICABLE TO: COUNCILLOR CANDIDATE DEPENDANT CHILD	_SPOUSE
PERSON, ENTITY OR ORGANIZATION	
ADDRESS:	
ADDITIONAL RESPONSE TO QUESTION	
APPLICABLE TO: COUNCILLOR CANDIDATE DEPENDANT CHILD	_ SPOUSE
PERSON, ENTITY OR ORGANIZATION	
ADDRESS:	
ADDITIONAL RESPONSE TO QUESTION	
APPLICABLE TO: COUNCILLOR CANDIDATE DEPENDANT CHILD	SPOUSE
PERSON, ENTITY OR ORGANIZATION	
ADDRESS:	

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b. Your Resid	ence: Lovualdo Aue.
	IN 40220
e. Your Busin 200 E.	Lashington St. Ryn 241
	IN 44204
ı. Did You Re	ceive Compensation From Any Employers in the Prior Year?
a. Did You Re YES <u>X</u> NO _ If Yes, the Na	ceive Compensation From Any Employers in the Prior Year? — ne and Address of all Such Employers
a. Did You Re YES <u>X</u> NO _ If Yes, the Na	ceive Compensation From Any Employers in the Prior Year?
a. Did You Re YES <u>X</u> NO _ If Yes, the Nat Employer's N	ceive Compensation From Any Employers in the Prior Year? — ne and Address of all Such Employers
a. Did You Re YES <u>X</u> NO _ If Yes, the Nat Employer's N	ceive Compensation From Any Employers in the Prior Year? — ne and Address of all Such Employers nme: Lity (aunty Council

If Yes, the Nature of Such Business and the Name Under Which Conducted:

ivanie under which Such Dusiness was	Conducted:
a. During the Prior Calendar Year, Dicexcess of \$5000.00 from an Employer?	l Your Spouse Receive Compensation in
If Yes, the Name and Address of Such	Employer
Employer's Name:	
Employer's Address:	
Compensation in Excess of \$5000.00 from	l Any of Your Dependant Children Recom an Employer?
Compensation in Excess of \$5000.00 from YES NO	om an Employer?
Compensation in Excess of \$5000.00 from	om an Employer? N\R
Compensation in Excess of \$5000.00 from YES NO If Yes, the Name and Address of Such In Name of Dependant Child	om an Employer? NA Employer

USE ADDITIONAL SHEETS]

Did You, Your Spouse or any of Your Dependant Children Either (i) Serve as an Officer of, (ii) Own an Equity Interest or Interest in the Earnings or Profits that Individu or in the Aggregate Exceeds 10%, in, or (iii) Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$50 During the Past Year, from Any Business that did Business with or Solicited Business with the City or Coun			
YES NO \(\stacksquare \)	NA		
If Yes, the Name and Addresses	Yes, the Name and Addresses of Such Business Entities		
Entity's Name:			
Entity's Address:			
[IF YOU, YOUR SPOUSE OR DEPEND DISCLOSED ATTACH ADDITIONAL S.	DANT CHILDREN HAD OTHER ENTITIES THAT MUST BE HEETS]		
	Dependant Child Serve as an Officer or Board nat Received or Applied for Funding from the C		
YES NO <u>/</u>	11/8		
If Yes, The Name and Address	of such Organization or Organizations:		
Person Serving: Councillor:	Spouse Dependant Child		
Name of Organization:			
Address of Organization:			

6.	Law or Gifts from Persons Including Going Social Relationship not Relate to Reporting on this form, did you R \$100, or in the Aggregate over \$250	Subject to IC 3-9-2 and Reported in Accordance with g Family Members with whom you have an Onted to Service on the Council Which are not Subject Receive any Gifts, or Other Items, Valued Over 0, in the Prior Year From Any Person or Firm 0 do Business with the City or County or which
	If Yes, List the Names of Such Pers	sons or Firms:
7.	4 ABOVE CHANGE DURING THE INFORMATION WITHIN 45 DAY If the Space Provided on this Form is	YS OF THE CHANGE. Inadequate, Additional Sheets may be used to Are You Attaching Additional Sheets?
	IRM UNDER PENALTIES FOR PE AND ACCURATE TO THE BEST	ERJURY THAT MY STATEMENTS ARE T OF MY KNOWLEDGE.
COUN	MAR THOMPSON NCILLOR	<u>U-23-09</u> DATE

ADDITIONAL SHEET OF				
ADDITIONAL RESPONSE TO QUESTION				
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD				
PERSON, ENTITY OR ORGANIZATION				
ADDRESS:				
ADDITIONAL RESPONSE TO QUESTION				
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD				
PERSON, ENTITY OR ORGANIZATION				
ADDRESS:				
ADDITIONAL RESPONSE TO QUESTION				
APPLICABLE TO: COUNCILLOR CANDIDATE SPOUSE DEPENDANT CHILD				
PERSON, ENTITY OR ORGANIZATION				
ADDRESS:				

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A	ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND LEGIBLY
	a. Your Name: Angela Gonzalez
l -	o. Your Residence: 116 S. Audubon Rd. #4, Indianapolis, IN 46219
-	200 E. Washington St., Rm. 241T
	Indianapolis, IN 46204
2. a	a. Did You Receive Compensation From Any Employers in the Prior Year?
If Yes, the	he Name and Address of all Such Employers
Employe	er's Name: <u>City-County Council</u> (City of Indianapolis)
Employe	er's Address: 200 E Washington St. Rm. 241 T
	Indianapolis, IN 46204
[I	F YOU HAD MORE THAN ONE EMPLOYER, USE ADDITIONAL SHEETS]
	. Were You Self-Employed? ES NO _X_
If Yes, th	ne Nature of Such Business and the Name Under Which Conducted:
	f the Business:

Nam	Name under Which Such Business was Conducted:	
3.	a. During the Prior Calendar Year, Did Your Spouse Receive Compensation in excess of \$5000.00 from an Employer? YES X NO	
If Ye	s, the Name and Address of Such Employer	
Emp	loyer's Name: Concrete Contractors, Inc.	
Emp	loyer's Address: 295 S. Muessing	
	loyer's Address: 295 S. Muessing Indianapolis, IN 46229	
	OUR SPOUSE WAS PAID \$5000.00 BY ADDITIONAL EMPLOYERS USE ADDITIONAL SHEETS]	
	b. During the Prior Calendar Year, Did Any of Your Dependant Children Receive Compensation in Excess of \$5000.00 from an Employer? YESNO	
If Yes	, the Name and Address of Such Employer	
Name	of Dependant Child	
	oyer's Name	
	oyer's Address	
[IF YOU ADDITE	UR DEPENDANT CHILDREN HAD OTHER EMPLOYERS WHO PAID THEM OVER \$5000.00 USE ONAL SHEETS]	

4.	Did You, Your Spouse or any of Your Dependant Children Either (i) Serve as an Officer of, (ii) Own an Equity Interest or Interest in the Earnings or Profits that Individually or in the Aggregate Exceeds 10%, in, or (iii) Directly or Indirectly Receive Compensation, in Aggregate in Excess of \$5000.00 During the Past Year, from Any Business that did Business with or Solicited Business with the City or County?
YES	NO_{χ}
If Y	es, the Name and Addresses of Such Business Entities
Enti	ty's Name:
Enti	ty's Address:
	OU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD OTHER ENTITIES THAT MUST BE DISCLOSED [CH ADDITIONAL SHEETS]
5.	Did You, Your Spouse, or any Dependant Child Serve as an Officer or Board Member of any Organization that Received or Applied for Funding from the City or County? YES NOX
If Y	es, The Name and Address of such Organization or Organizations:
Pers	on Serving: Councillor: Spouse Dependant Child
Nan	ne of Organization:
Add	ress of Organization:
[IF Y	OU, YOUR SPOUSE OR DEPENDANT CHILDREN HAD POSITIONS IN OTHER ORGANIZATIONS THAT T BE DISCLOSED ATTACH ADDITIONAL SHEETS

6.	Except for Campaign Donations, Subject to IC 3-9-2 and Reported in Accordance with Law or Gifts from Persons Including Family Members with whom you have an On-Going Social Relationship not Related to Service on the Council Which are not Subject to Reporting on this form, did you Receive any Gifts, or Other Items, Valued Over \$100, or in the Aggregate over \$250, in the Prior Year From Any Person or Firm that does Business with or Seeks to do Business with the City or County or which Seeks to Influence Council Action? YES \(\sum \) NO
If Yes.	List the Names of Such Persons or Firms: I ministry clown troupe has received donations from area Indianapolis Marion County Library branches for performing at Library events (in aggregate not more than #400)
ABOV	CKNOWLEDGE THAT IF ANY ITEMS REPORTED IN ITEMS 1 THROUGH 4 VE CHANGE DURING THE YEAR I WILL UPDATE SUCH INFORMATION HIN 45 DAYS OF THE CHANGE.
Additi YES_	Space Provided on this Form is Inadequate, Additional Sheets may be used to Provide the onal Information. Are You Attaching Additional Sheets? NO_X, How May Additional Sheets are Attached?
	TIRM UNDER PENALTIES FOR PERJURY THAT MY STATEMENTS ARE EAND ACCURATE TO THE BEST OF MY KNOWLEDGE.
, J	ngele Donzalez 6-5-09
COUP	NCILLOR Assistant Clerk DATE